

FILED DEC 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38446

BIRTH NO. \_\_\_\_\_

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 10083

|   |                           |   |  |   |   |
|---|---------------------------|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br>Missouri  |  | b. COUNTY   |   |
| b. CITY (If outside corporate limits, write RURAL and give town or township)<br>St. Louis   |                           | c. LENGTH OF STAY (in this place)   |  | c. CITY OR TOWN<br>St. Louis  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>2005 South Grand Ave.  |                           | e. STREET ADDRESS<br>2005 South Grand Ave.  |  | d. Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>Gerard Edward Kavanaugh   |                           |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>11-17-55   |   |   |
| 5. SEX<br>Male  | 6. COLOR OR RACE<br>White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Widowed   | 8. DATE OF BIRTH<br>February 9th, 1895                 | 9. AGE (In years last birthday)<br>60   | IF UNDER 1 YEAR<br>Months Days                                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Steamfitter  |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>Brewery Construction   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br>St. Louis Missouri  |   |
| 12. CITIZEN OF WHAT COUNTRY?<br>USA   |                           | 13a. FATHER'S NAME<br>Charles Kavanaugh   |  | 13b. MOTHER'S MAIDEN NAME<br>Unknown  |   |
| 14. NAME OF HUSBAND OR WIFE<br>Ruth Kavanaugh   |                           | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No Nil  |  | 16. SOCIAL SECURITY NO.<br>Unknown  |   |
| 17. INFORMANT'S SIGNATURE OR NAME<br>James D. Havey   |                           | ADDRESS<br>5621a Dewey Ave.   |  |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                             |                           | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)<br>Myocarditis (Diabetes)<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   | INTERVAL BETWEEN ONSET AND DEATH<br>20 1/2 years                |
| 19a. DATE OF OPERATION  |                           | 19b. MAJOR FINDINGS OF OPERATION<br>260x  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |                           | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   |                           | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR?  |   |
| 22. I hereby certify that I attended the deceased from <u>Nov 2</u> , 1955, to <u>Nov 17</u> , 1955, that I last saw the deceased alive on <u>Nov 17</u> , 1955, and that death occurred at <u>10 P</u> m., from the causes and on the date stated above. |                           |   |  |   |   |
| 23a. SIGNATURE<br>W B Bush M.D.   |                           |   | 23b. ADDRESS<br>2005 S Grand Ave                       |   | 23c. DATE SIGNED<br>Nov 18-55                                   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   |                           | 24b. DATE<br>11-19-55   | 24c. NAME OF CEMETERY OR CREMATORY<br>Calvary Cemetery |   | 24d. LOCATION (City, town, or county) (State)<br>St. Louis, Mo. |
| DATE REC'D BY LOCAL REG.<br>NOV 18-1955   |                           | REGISTRAR'S SIGNATURE<br>Charles Smith M.D.   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>Harrigan and Sheahan, 4700 Washington   |   |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300  
0.48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, on ~~the~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Eaton R. Remel*.....

Licensed Embalmer No. *428*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.