

FILED FEB 25 1957

STANDARD CERTIFICATE OF DEATH

State File No. 6852
Registrar's No. 364

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write FULL and give OR TOWN <u>St. Louis</u>)		c. CITY OR TOWN <u>Ferguson</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 day</u>		e. STREET ADDRESS (If rural, give location) <u>351 N. Schlueter</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Schouis County Hosp</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Nonie</u>	b. (Middle) <u>KAVANAUGH</u>	c. (Last) <u>KAVANAUGH</u>	4. DATE OF DEATH (Month) (Day) (Year)
	<u>2</u>	<u>6</u>	<u>1957</u>	

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 3 1895</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>PATRICK KAVANAUGH</u>	13b. MOTHER'S MAIDEN NAME <u>MARA Shields</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MARGARET NATHURFT</u>	ADDRESS <u>351 N. Schlueter</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive Cardiovascular Disease</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-6, 1957, to 2-6, 1957, that I last saw the deceased alive on 2-6, 1957, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert A. Donleah</u>	(Degree or title) <u>med</u>	23b. ADDRESS <u>601 S. Brentwood Blvd.</u>	23c. DATE SIGNED <u>2-9-57</u>
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24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2/9/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, County Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-8-57</u>	REGISTRAR'S SIGNATURE <u>Robert A. Donleah</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sullivan's</u>	ADDRESS <u>2849 No. Euclid</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

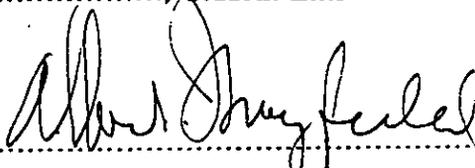
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 307

P. O. Address

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.