

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **1044**

FILED MAP 12

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether
In this community Life
years, months or days)

8. (a) PRINT FULL NAME Dennis Cavanaugh

8. (b) If veteran, name war Nil 8. (c) Social Security No. Nil

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Not Known 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 ? ? hr. min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Unemployed

12. Name Dennis Cavanaugh

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Hollisey

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant J. V. Misick
(b) Address 102 S. Rankin St

17. (a) Burial (b) Date thereof 2/2/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of informant Hannigan & Sheahan Und Co.
(b) Address 4418 Washington Blvd 844

19. (a) Feb 1 1940 (b) J. F. Baebler
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis 25
(If outside city or town limits, write "RURAL")
(d) Street No. Dempsey Hotel
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1,
year 1940 hour 6:40 minute A. M.

21. I hereby certify that I attended the deceased from January 30,
1940 to February 1, 1940,
that I last saw him alive on February 1, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Bronchi
Duration _____

Due to _____

Due to _____

Other conditions 1070
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Dr. Crows (M. D. or other)
Address 1515 Lafayette, Date signed 2/1/40

PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Horner W. Fritz

Licensed Embalmer No. *38820*

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 this body is not embalmed, above space should be left blank.