

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **44754**

FILED JAN 26 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **11962**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11962	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2069			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3441 NORTH UNION				d. STREET ADDRESS (If rural, give location) 3441 NORTH UNION BLVD.			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) PATRICK		c. (Last) CAVANAUGH		4. DATE OF DEATH (Month) (Day) (Year) DEC, 25, 1952	
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 0		8. DATE OF BIRTH MARCH 14 1885		9. AGE (In years last birthday) (If under 1 year: Months) (Days) (If under 24 hrs: Hours) (Min.) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRIAN		10b. KIND OF BUSINESS OR INDUSTRY DAYBRIGHT CO		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 10		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Patrick Cavanaugh			13b. MOTHER'S MAIDEN NAME Bridget Hopkins			14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 490-03-0180		17. INFORMANT'S SIGNATURE OR NAME ADDRESS THOMAS BRADY PUBLIC ADMINISTRATOR			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumothorax; Laceration of lung ANTECEDENT CAUSES M multiple fractures, suffered when depressed by car, operated by one Gerald Bouillard Sr., in front of 3354 Union Blvd., about 7:30 pm Dec 25 1952				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. 000			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 25 52 7:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E 8124			
22. I hereby certify that I attended the deceased from <u>19 19</u> , to <u>19 19</u> , that I last saw the deceased alive on <u>19 19</u> , and that death occurred at <u>7:30</u> m., from the causes and on the date stated above. 25							
23a. SIGNATURE (Degree or title) Patrick E Taylor, Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 12 29 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/30/52		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI	
DATE REC'D BY LOCAL REG. DEC 29 1952		REGISTRAR'S SIGNATURE Paul Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE			

WRITE PLAINLY—USING UNFAADING 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
Student Embalmer

Signed

J. W. Bentley

Licensed Embalmer No.

3653

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 this body is not embalmed, fact should be so stated above.