

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003242

FILED VS FEB 11 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 1146** STATE FILE NUMBER

| | | | | | |
|---|---|---|---|--|--|
| 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, give TOWNSHIP only) OR TOWN St Louis | | Length of stay in 1b | c. CITY OR TOWN St Louis | | Inside Limits Yes # No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1047 Allen Ave | | Inside Limits Yes # No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1047 Allen Ave | | Reside on Farm Yes <input type="checkbox"/> No # <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Joseph Middle A Last Cavanaugh | | | 4. DATE OF DEATH Month Jan Day 30 Year 1960 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9/18/59 | 9. AGE (last birthday) Months 4 Days 12 | IF UNDER 1 YEAR Hours Min. 273X |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) St Louis Mo. | 12. CITIZEN OF WHAT COUNTRY U S |
| 13a. FATHER'S NAME Joseph B Cavanaugh | | 13b. MOTHER'S MAIDEN NAME Barbara Zellers | | 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) N/D | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT Address Joseph Cavanaugh 1047 Allen Ave | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Bronchus Pneumonia Hypertrophied Thyroid Gland DUE TO (b) 273X DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AN AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 1116 A m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Paul J. Simon Deputy Coroner | | | 22b. ADDRESS 1300 Clark | | 22c. DATE SIGNED 2/1/60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 2/3/60 | 23c. NAME OF CEMETERY OR CREMATORY St Matthews Cemetery | | 23d. LOCATION (City, town, or county) (State) St Louis Missouri | |
| 24. FUNERAL DIRECTOR ADDRESS Moydell Funeral Home 1926 Allen | | 25. DATE RECD. BY LOCAL REG. FEB 1 1960 | | 26. REGISTRAR'S SIGNATURE Coal Smith. M.D. | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed

Harley R. Keller Jr

Licensed Embalmer No. 49570

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.