

AMENDED

DATE AMENDED  
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INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHNS HOSP.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5061 HIGHLAND		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CATHERINE CANAVAN				4. DATE OF DEATH Month Day Year NOV. 24, 1961			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-2-23	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and state or country) BLOOMINGTON ILL.	12. CITIZEN OF WHAT COUNTRY U S A		
13a. FATHER'S NAME TOM CARBERY			13b. MOTHER'S MAIDEN NAME MARY POWER		14. NAME OF HUSBAND OR WIFE JOHN F. CANAVAN		
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. NONE		17. INFORMANT Address JOHN CANAVAN 5061 HIGHLAND			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Broncho pneumonia</i> DUE TO (b) <i>Cyfls nephritis</i> DUE TO (c) <i>fracture of left hip</i>							INTERVAL BETWEEN ONSET AND DEATH <i>48 hours</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cerebral right parietal metastasis of carcinoma; arteriosclerotic heart disease</i>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>fall due to misstep 11-3-61 while visiting</i>					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <i>11-3-61</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>HOME</i>	20f. CITY, TOWN, OR LOCATION <i>Bloomington</i>	COUNTY <i>Illinois</i>	STATE		
21. I attended the deceased from <i>Jan. 1 1950</i> to <i>Nov. 24, 1961</i> and last saw her alive on <i>11-24-61</i> Death occurred at <i>1:30 P M</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>John Carbery M.D.</i>				22b. ADDRESS <i>4703 Carter Ave. St. Louis 15</i>		22c. DATE SIGNED <i>11-25-61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>11-27-1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>CALVARY CEMETERY</i>		23d. LOCATION (City, town, or county) <i>ST. LOUIS, MO</i>		23e. (State)	
24. FUNERAL DIRECTOR <i>STROOT CARROLL 4600 NATURAL BRIDGE</i>			ADDRESS	25. DATE RECD. BY LOCAL REG. <i>NOV 27 1961</i>	26. REGISTRAR'S SIGNATURE <i>Head Smith M.D.</i>		

BY AFFIDAVIT OF

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15677  
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JAN 30 1962

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 M W Rueter

Licensed Embalmer No. 4865  
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 cause for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this is not the case, fact should be so stated above.