

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

16607

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

File No. ....

Township.....

Primary Registration District No. **1003**

Registered No. **4505**

City **St Louis** (No. **6017** **Manchester** in)

St. .... Ward)

**2. FULL NAME** **Anna M Lavin**

(a) Residence. No. **6017 Manchester** **St.** **4** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 12 1927**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John Lavin**

17. I HEREBY CERTIFY, That I attended deceased from **May 1, 1925**, to **May 12, 1927**, that I last saw **her** alive on **5-11 AM**, 1927, and that death occurred, on the date stated above, at **St. Louis**.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Sept 21 1898**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **28** **8** **10**

**39** **Diabetic Coma** (duration) yrs. mos. **2** da.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **Housework** (b) General nature of industry, business, or establishment in which employed (or employer). **at home** (c) Name of employer

CONTRIBUTORY (SECONDARY) **Diabetes Mellitus** (duration) **3** yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis** **mo**

18. WHERE WAS DISEASE CONTRACTED **57** **NO** AT PLACE OF DEATH.

10. NAME OF FATHER **Sam'l Glass**

19. DID AN OPERATION PRECEDE DEATH? **no** DATE OF .....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **St Louis** **mo**

20. WAS THERE AN AUTOPSY? **no**

12. MAIDEN NAME OF MOTHER **Bridget Donnell**

WHAT TEST CONFIRMED DIAGNOSIS **Clinical** (Signed) **Gouillite** M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **St Louis**

Address) **3403 D<sup>c</sup> Touhy St.**

14. INFORMANT **J. P. Lavin** (Address) **6017 Manchester**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Culver Cem** DATE OF BURIAL **May 16 1927**

15. FILED **1.1 1927** **mau Starkloff** REGISTRAR

20. UNDERTAKER **Thos J Livan** ADDRESS **1519 S Grand**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERMANENT RECORD

