WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

29923

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8970

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. 3323 Chippewa St. ..... Ward)

2. FULL NAME Mildred F. Lavin

(a) Residence, No. 3323 Chippewa St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30-1908

7. AGE YEARS 22 MONTHS 10 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nurse in training
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis, Missouri

FATHER
13. NAME William Lavin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

MOTHER
15. MAIDEN NAME Emma Dickrueger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis, Missouri

17. INFORMANT (ADDRESS) William Lavin 3323 Chippewa

18. BURIAL, CREMATION, OR REMOVAL
PLACE Concordia DATE Aug 24 1931

19. UNDERTAKER (ADDRESS) Wacker Kelderley 2331 So Broadway

20. FILED 8 22 1931 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1929, to Aug 20, 1931
I last saw her alive on Aug 20, 1931. Death is said to have occurred on the date stated above, at 3P m.
The principal cause of death and related causes of importance were as follows:

Tuberculosis of Chicago — Date of onset 1929

23A 23

Other contributory causes of importance:

Same

Name of operation Pneumothorax Date of .....
What test confirmed diagnosis? X Ray Sputum Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J. G. Bredeck, M. D.
(Address) 635 Missouri Bldg