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

Do not use this space.

10496

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2560

City St Louis (No. Travois and Itaska St. ..... Ward)

2. FULL NAME Emma Lavin

(a) Residence, No. 3323 - Chippewa St., 16 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. 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 26-1883

7. AGE: YEARS 48 | MONTHS 9 | DAYS 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

FATHER

13. NAME: Hy Diekmeyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER

15. MAIDEN NAME: Minnie Rickmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 8

17. INFORMANT (ADDRESS): William Lavin 3323 - Chippewa

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Concordia DATE: Mar 18 1932

19. UNDERTAKER (ADDRESS): Wacker-Halderle 233 N. Broadway

20. FILED: MAR 17 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician in Attendance ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

Crushed Head received when struck by auto in St Louis Mo. Deceased a pedestrian

Date of onset: 2

Other contributory causes of importance: Criminal Carelessness

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Criminal Carelessness Date of injury 3/15, 1932

Where did injury occur? St Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury: Crushed Head

Nature of injury: Struck by auto

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John J Hurley, M.D.

(Address) Deputy Coroner 3/17/32

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

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2