

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

Do not use this space.

7563

File No. _____
Registered No. **1519**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. 4440, Gibson Ave)

2. FULL NAME

Julia (Lavey) Lavey
(a) Residence, No. 4440 Gibson St., 187 Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mathew (Lavey)</u>		<u>Lavey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 9, 1872</u>				
7. AGE	YEARS <u>about 60</u>	MONTHS <u>10</u>	DAYS <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation.....	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year).....			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 10 1933
22. I HEREBY CERTIFY, That I attended deceased from Jan 10th 1933 to Feb 10 1933
I last saw her alive on Feb 8th 1933 Death is said to have occurred on the date stated above, at 2 P. m.

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

Myocarditis, Chronic
93
93
Other contributory causes of importance:
Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1933

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? _____

If so, specify _____ (Signed) _____, M. D.

(Address) 303 Metropolitan Bldg City _____

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
	13. NAME <u>John Sullivan</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
	15. MAIDEN NAME <u>Unknown</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
	17. INFORMANT (ADDRESS) <u>Mathew Lavey Lavey</u> <u>4440 Gibson Ave</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem</u> DATE <u>2-10</u> 19 <u>33</u>	
19. UNDERTAKER (ADDRESS) <u>Wm. Hansen Mortuaries</u> <u>4228</u>	
20. FILED <u>FEB 14 1934</u> <u>Wm. Hansen</u> Registrar.	

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.

Dr. Elbert J. Lee
3485 Franklin Ave
JE 3426