OCT 24 1938

CORRECTED COPY

LATE NOV 4 1938

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

36890
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis — Registration District No. 784

(b) Township Carondelet — Primary Registration District No. 20 — Registered No. 1724

(c) City ~~Jefferson Barracks~~ — (d) Street No. Vet Hosp. St.
Unkn. (If death occurred in Hospital or Institution, write its name instead of street and number)

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

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2. PRINT FULL NAME James M. GAVIN

(a) Residence, No. 9215a South Broadway, Saint Louis, St. Missouri.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Mrs. Rosali Gavin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1894

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
44	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Auto Mechanic

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

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) Saint Louis, Missouri.

FATHER

13. NAME Martin Gavin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - Pennsylvania.

MOTHER

15. MAIDEN NAME Margaret Abbot

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - Missouri.

17. INFORMANT Mrs. Clerk, Clerical Clerk, VAF Jefferson
(ADDRESS) Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE 10-26 1938

19. FUNERAL DIRECTOR J. W. Clark
(ADDRESS) 1120 Hodiamont

20. FILED OCT 24 1938 J. R. Meyer M.D. D.P.H.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 4, 1938, to October 22, 1938
I last saw him alive on October 22, 1938. Death is said to have occurred on the date stated above, at 5:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis with moderate edema and nitrogen retention (arteriosclerotic)	Unkn.

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Other contributory causes of importance:

Arteriosclerosis, generalized	Unkn.
Hypertension, severe.	Unkn.
Myocardial degeneration.	Unkn.

Name of operation None Date of operation
What test confirmed diagnosis? Phy. clinical manif. and laboratory 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?
If so, specify
(Signed) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF Jefferson Barracks, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)