

REC'D FEB 10 1939

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

243  
Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No.....  
(c) City..... St. Louis, (d) Street No. DePaul Hospital St.  
30 (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.

2. PRINT FULL NAME Lucille C. Pavia

(a) Residence, No. 4969 Emerson St. 7  
(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 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 Vincenzo Pavia

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
29 8 20

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

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

FATHER  
13. NAME James Lawler

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

MOTHER  
15. MAIDEN NAME Mamie Richter

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

17. INFORMANT Vincenzo Pavia  
(ADDRESS) 4969 Emerson

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Jan. 9, 1939

19. FUNERAL DIRECTOR (NAME) P. Miceli & Son  
(ADDRESS) 1150 No. Kingshighway

20. FILED JAN 7 1939  
J. J. Budick  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-3, 1939, to 1-6, 1939

I last saw h. at alive on 1-6, 1939. Death is said to have occurred on the date stated above, at 3:35 A.M.  
The principal cause of death and related causes of importance were as follows:

Septicemia

Date of onset

Other contributory causes of importance:

Pregnancy - 11/2

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....., 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) C. W. Schumaker, M. D.

(Address) 4981 Thrush

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Arnold W. Schoene*

Licensed Embalmer No.

*3864*

P. O. Address

*St. Louis, Mo.*

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

**If this body is not embalmed, above space should be left blank.**