

APR 12 1939

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

791
1003

9213
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. City Hospital Registered No. 2978
 (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

150 Isaac N. Gavin
 (a) Residence, No. 8112 Minnesota Avenue St. [7] (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 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 Belle Gavin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 1 13
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Musician
 9. Industry or business in which work was done, as saw mill, bank, etc. Unemployed
 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) Tennessee
 13. NAME William W. Gavin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME Mamie Merrill
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Belle Gavin - Wife
 (ADDRESS) 8112 Minnesota, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn Cemetery DATE March 31, 1939

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.
 (ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FILED J. B. Brudner Local Registrar.
 APR 30 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 8:45 p.m.
 The principal cause of death and related causes of importance were as follows:

Respiratory Nephroses
Jaundice
 Date of onset

Other contributory causes of importance:
 82a

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? 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. L. M. Quinn
 (Address) Deputy Coroner

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, Linus C. Hoffmeister, Licensed Embalmer No. 3871

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

L. E.

No _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed &

Linus Hoffmeister

Licensed Embalmer No. 3871

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.)