DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REC'D AUG 11 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23850

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 6123

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo 1 (b) County

(c) City or town St Louis. 11
(If outside city or town limits, write "RURAL")

(d) Street No. 2408 No SARAH. ST.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 145 Andrew Joseph Gavolen

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ANNIE WHITE. GAVOLEN

6. (c) Age of husband or wife if alive years

7. Birth date of deceased NOV (Month) 21 (Day) 1876 (Year)

8. AGE: Years 62 Months 7 Days 17 If less than one day hr. min.

9. Birthplace MINN. (City, town, or county) 1 (State or foreign country)

10. Usual occupation WATCHMAN 9

11. Industry or business CITY WATER DEPT. 9

FATHER
12. Name PAUL. GAVOLEN. 9
13. Birthplace UNKNOWN. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. A. Gavolen
(b) Address 2408 No SARAH ST

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7 (Month) 12 (Day) 1939 (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director L. M. Mullen
(b) Address 5165 DELMAR BLVD

19. (a) JUL 11 1939 (Date received local registrar) (b) J. F. Radcheck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day July year 1939 hour 8:55 minute P.M.

21. I hereby certify that I attended the deceased from 6/30/39, 19, to 7/8, 1939 that I last saw him alive on 7/8, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death — Hypertensive heart disease decompensated

Due to Coronary Thrombosis

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Jas. Z. Sairo (M. D. or other)
Address City Hospital Date signed

(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 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.....

Licensed Embalmer No.....

P. O. Address.....

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

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