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V. S. No. 2
M—11-10-39
Rev. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8787

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2270

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(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 1 Mo. 22 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 4341 Swan Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME James Lavender

3. (b) If veteran, name war No

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Minnie Lavender

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July (Month) 17 (Day) 1878 (Year)

8. AGE: Years 61 Months 7 Days 18 If less than one day hr. min.

9. Birthplace Bridgeton Mo. (City, town, or county) (State or foreign country)

10. Usual occupation W.P.A. Watchman

11. Industry or business

FATHER
12. Name James D. Lavender
13. Birthplace Virginia (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Minnie Lavender
(b) Address 4341 Swan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-40 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) MAR 7 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6, year 1940 hour 4:50 minute P. M.

21. I hereby certify that I attended the deceased from January 13, 1940, to March 6, 1940, that I last saw him alive on March 6, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	5 weeks
Due to: Myocardial Pathology	8 yrs. +
Due to:	
Other conditions (Include pregnancy within 3 months of death): Benign Hypertrophy of Prostate	
Major findings of operation: Post transurethral resection (Benign Hypertrophy of prostate)	6 wks
Of autopsy	

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 [signature] (M. D. or other)

Address 1515 Lafayette, Date signed 3/7/40

(Licensed Embalmer's Statement on Reverse Side)

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 Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address.....

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.