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FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8816

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2299

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

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: 245 N. Union
(If not in hospital or institution, write street number or location)

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

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")

(d) Street No. 245 N. Union Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Julia A. E. Gavin

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 17, (Day) 1870 (Year)

8. AGE: Years 69 Months 11 Days 18 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House work

11. Industry or business Home

MOTHER FATHER

12. Name Patrick Gavin

13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

14. Maiden name Ellen Hendy

15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Katherine Gavin

(b) Address 245 N. Union

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

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Cullen & Kelly

(b) Address 7267 Natural Bridge

19. (a) MAR 8 1940 (Date received local registrar) (b) J. D. Bullock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 6 year 1940 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 19, 1939, to March 6, 1940, that I last saw he alive on March 6, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Carcinoma of Lower Bowel	
~~Due to~~ Arteriosclerosis.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 John A. Hartwig (M. D. or other) M.D.

Address 2739 N. Grand Date signed Mar. 6

(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 Clement McMeany

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.