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AUG 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23199

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5644

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

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 17 Days (Specify whether
In this community 60 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 25
(If outside city or town limits write "RURAL")

(d) Street No. 4th and Clark (Erie House
(If rural, give location)

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

3. (a) PRINT FULL NAME Sam Lavender 153

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased May 15, 1868 (Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 14 If less than one day hr. min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

FATHER
12. Name William Lavender
13. Birthplace Ireland (City, town, or county) (State or foreign country)

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

16. (a) Informant Ann Morrison
(b) Address City Hospital, #1

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/2/40 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen & Kelly
(b) Address 1416 N. Taylor ave

19. (a) JUL 2 1940 (Date received local registrar) (b) J. F. Bischoch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29, year 1940 hour 9:10 minute P. M.

21. I hereby certify that I attended the deceased from June 13, 1940, to June 29, 1940 that I last saw him alive on June 29, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Lymphosarcoma of the neck

Due to

Due to 53

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 Harold Freedman M.D. (M. D. or other)
Address 1515 Lafayette. Date signed 7/1/40

(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 ML, Registered Apprentice No. ....., working under my personal supervision.

City 145

Signed Glenn E. Anderson

Licensed Embalmer No. 4141

P. O. Address 8937 Forest Park

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.