

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 11 1943

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 374

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood

(c) Name of hospital or institution: St. Agnes' Home
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 6 Years
(If not in hospital or institution, write street number or location)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. St. Agnes' Home
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nora Lavin

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6th. year 1943 hour 7 minut 30 p. M.

4. Sex F. 5. Color or race W.

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Unk. Unk. 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 4, 1943, to Feb 6, 1943 that I last saw her alive on Feb 2, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

84 Unk Unk. hr. min.

Immediate cause of death: Cardio vascular renal disease

Due to: arteriosclerosis

Due to: Senility

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

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

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation At Home

11. Industry or business _____

12. Name Owen Lavin

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

14. Maiden name Bridget Finan

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. William Cullen

(b) Address 6033 Enright Ave.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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?

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-43
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) FEB 9 1943 (Date received local registrar)

(b) E. J. McElvany (Registrar's signature)

23. Signature R. E. KANE (M. D. or other)

Address 1117 N. Grand Date signed 2/8/43

Dr. Kenneth Kene
1117 N. Grand Blvd.

W. Van Matre
11/12

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 *W. Van Matre*

Licensed Embalmer No. *2825*

P. O. Address. *4340 Lafayette*

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, fact should be so stated above.