S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 30 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36106

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9951

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: Little Sisters of Poor (If not in hospital or institution, write street and number of residence) 3225 N. Florissant
(d) Length of stay: In hospital or institution 1-Month (Specify whether
In this community 5 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Rad 17 25
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 615 WALNUT ST. Ave. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Laverty
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 18th., 1869 (Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 4 If less than one day hr. min.

9. Birthplace (City, town, or county) Ind. (State or foreign country)
10. Usual occupation Retired Electricien
11. Industry or business
FATHER 12. Name William Laverty
13. Birthplace (City, town, or county) Kansas (State or foreign country)
MOTHER 14. Maiden name Rosina Edmond
15. Birthplace (City, town, or county) Ind. (State or foreign country)
16. (a) Informant Sister Jeane
(b) Address 3225 N. Florissant Ave.
17. (a) Buria 1 (Burial, cremation, or removal) (b) Date thereof 11-24-44 (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) NOV 23 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22nd., year 1944 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from November 1, 1944, to November 22, 1944, that I last saw h. 1 m. alive on November 22, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Dilatation of the heart — Duration 2 hours.
Chronic Myocarditis — ???
Due to
Due to
Other conditions None (Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

93

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) None
(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 Bernard H. Stotte (M. D. or other)
Address 2302 Salesbury St Date signed 11-23-44

(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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.