

V. S. No. 2
100M-5-43
Rev. 5-17-39
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19577

FILED APR 23 1945

State File No.

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 817

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
261 Bauman Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 70 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Lemay 96
(If outside city or town limits, write "RURAL")

(d) Street No. 261 Bauman Avenue 0
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Bridget McIlvain

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 Widowed

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

7. Birth date of deceased about 1850
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1945 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from June 22, 1943, to June 3-8, 1948; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>about 94</u>	<u>years</u>		hr. _____ min.

Immediate cause of death
Acute Coronary Occlusion

Due to Arterio Sclerosis 20 years

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation none

11. Industry or business

MOTHER FATHER { 12. Name John Lovett

{ 13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

{ 14. Maiden name Abbie Nester

{ 15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations gpa

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant 261 Bauman Ave.

(b) Address

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-3-45
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

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?

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

19. (a) APR 8 1945 (b) E. G. N. Savoy (Registrar's signature)

23. Signature F. Sivechsky (M. D. or other) MD

Address 1935 Park Av Date signed 3-2-48

Dr Suckosky
1935 Park Ave

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

Virgil L. Berryman

Licensed Embalmer No.

4018

P. O. Address

St. Louis, Mo.

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.