

FILED OCT 25 1945  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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:  
Firmin Desloge Hospital 0  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 5219 Kensington  
(If rural, give location)

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

3. (a) PRINT FULL NAME Gauvin, Lillie E.

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased July 9 1856  
(Month) (Day) (Year)

8. AGE: Years 89 Months 3 Days 9  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name William Miner

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

14. Maiden name Unknown

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

16. (a) Informant Lawrence J. Gauvin

(b) Address 5219 Kensington

17. (a) Burial (b) Date thereof 10 - 22 - 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) OCT 20 1945 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18th  
year 1945 hour 5 minute 40 P. M.

21. I hereby certify that I attended the deceased from July 3rd, 1945, to October 18th, 1945, that I last saw her alive on October 18th, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic pneumonia

Due to Transcervical fracture left hip

Due to Fall from home

Other conditions Arteriosclerosis, Hypertension  
(Include pregnancy within 3 months of death)

(a) Findings: Decubitus ulcers

Of operations: Transcervical fracture

Of an organ: \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence July 1945

(c) Where did injury occur? St. Louis Missouri  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work? NO (Specify type of place) (c) Means of injury Fall

23. Signature J. Challyn MD (M. D. or other)

Address 1325 South Grand Date signed 10/18/45

Duration

2 days

3 1/2 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

00  
17  
9

12/30/45  
17  
9  
0

**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. Wilkinson* .....

Licensed Embalmer No..... *3575* .....

P. O. Address.....

**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.**