

No. 2
12-45
17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3409

X47070

Registration District No. 3067

Primary Registration District No. 3069

Registrar's No. 253

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights

(c) Name of hospital or institution: St. Mary's Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 years (Specify whether years, months or days)

In this community 12 years

3. (a) PRINT FULL NAME Mary Agnes LaVigne

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F. Color or race W.

5. Color or race W.

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

6. (b) Name of husband or wife Eugene E. LaVigne

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased April 6th., 1910

(Month) (Day) (Year)

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

36 9 29 hr. min.

9. Birthplace Chicago Ill.

(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Roger S. Gorman

13. Birthplace Ill.

(City, town, or county) (State or foreign country)

14. Maiden name Mary A. Durkin

15. Birthplace Ill.

(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Eugene E. LaVigne

(b) Address Alden Lane-Creve Couer Mo

17. (a) Removal (b) Date thereof 2-6-47

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago Illinois

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

(b) Address 3840 Lindell Blvd.

19. (a) 2-5-47 (b) Arthur J. Donnelly

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Carr

(d) Street No. Alden Lane & Spoede Road

(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5th., year 1947 hour 4 minute 10 AM.

21. I hereby certify that I attended the deceased from 12/29, 1947 to 2/4/47, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Supra-renal tumor (Pancratic) Carcinoma of lung.

Duration 6 mo.

Due to 47d

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

Major findings: Confirmed above.

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature James L. Munda (M. D. or other) _____

Address 634 N. Grand Date signed 2/5/47

SEP 5 1947

W. H. Van Matre
No 2020
P.O. 709555

AUG 13 1947

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. H. 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.