

S. No. 2
DM-5-43
v. 5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

10859
State File No. _____
Registrar's No. 3377

Registration District No. _____ Primary Registration District No. _____

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:
3303 Klein Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME James Gavin
3. (b) If veteran, name war None **3. (c) Social Security** No. None

4. Sex male **5. Color or race** white **6. (a) Single, widowed, married, divorced** Widowed
6. (b) Name of husband or wife Mary **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased March 9 1869
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>78</u> | <u>0</u> | <u>19</u> | _____ hr. _____ min. |

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Good-Will Industries

MOTHER FATHER

12. Name Thos. Gavin

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

14. Maiden name Honara Sullivan

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

16. (a) Informant Mr. Thos. J. Gavin

(b) Address 1248a Union

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 3/31/47
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Pravitt and Co.
(b) Address 3710 N Grand Blvd.

19. (a) MAR 29 1947 **(b)** J. J. Brudick
(Date received local registrar) (Registrar's signature)

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. 3303 Klein Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1947 hour 11 minute 26 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Occlusion

Due to _____
Intercerebral

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: _____

Duration

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) _____ (Specify type of place)
23. Signature W. J. Brudick (M. D. or other) 3
Address 3710 N Grand Blvd. **Date signed** 3/29/47

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *De Maria*
Licensed Embalmer No. 3360
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.