

Registration District No. 318

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:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one week
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME Nellie A. Lavin

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 John J. Lavin 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 4 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 11 18 hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

12. Name: Patrick Finan

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

14. Maiden name Mary Hines

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

16. (a) Informant Patrick A. Lavin

(b) Address 5918 Maple

17. (a) Burial (b) Date thereof 3-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thos. J. Finan

(b) Address 1519 S. Grand Blvd

19. (a) MAR 23 1947 (b) J. H. Gredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 001
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 517
(d) Street No. 5918 Maple
(If rural, give location) 9
(e) If foreign born, how long in U. S. A.? _____ years 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1947 hour 4:55 minute A M.

21. I hereby certify that I attended the deceased from March
4 1947, to March 23 1947
that I last saw her alive on March 27 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial failure
Coronary arteriosclerosis
Hypertensive Cardiovascular
Vascular renal
Due to _____
Due to ascar

Duration

10 yrs

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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) (f) Means of injury _____

28. Signature Mary Lavin (M. D. or other) M.D.
Address 4957 Mary Road Date signed 3/24/47

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 R. E. Campbell

Licensed Embalmer No. 3881

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, above space should be left blank.