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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43058

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11921

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: 3418 McKean
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 020
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3418 McKean 9
(If rural, give location)
16
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Lavenia M. Godi
3. (b) If veteran, name war ---
3. (c) Social Security No. 495-16-3036
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased Aug. (Month) 4 (Day) 1915 (Year)

8. AGE: Years 32 Months 4 Days 23 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 6
10. Usual occupation Home
11. Industry or business
FATHER
12. Name Frank Frolich
13. Birthplace Mt. Olive (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Sophia Frolich
15. Birthplace Mt. Olive (City, town, or county) Illinois (State or foreign country)
16. (a) Informant William Godi
(b) Address 3418 McKean
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/47 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Wacker-Helderle
(b) Address 3634 Gravois Ave.
19. (a) DEC 30 1947 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27
year 1947 hour 10 minute 50A. M.
21. I hereby certify that I attended the deceased from May 23, 1947, to Dec 27, 1947;
that I last saw her alive on Dec 27, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Septicemia	
Due to Septic endocarditis	6 mos.
Due to Streptococcus Viridans	
Other conditions (Include pregnancy within 3 months of death)	

91a

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Carl Allhaus (M. D. or other) M.D.
Address 3248 Lafayette Date signed 12/29/47

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2645

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.