FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 24 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1005

State File No. 31190

Registrar's No. 8041

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. LOUIS CITY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 HOURS (Specify whether years, months or days)

In this community

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. 2329 a HICKORY
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HARVEY LAVALL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband or~~ wife SARAH

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased OCT. 12 1889 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	58	11	1	hr. min.

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

10. Usual occupation FARMER (RETIRED)

11. Industry or business

FATHER
12. Name WILLIAM LAVALL
13. Birthplace MISSISSIPPI (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name LENA WILLIAM
15. Birthplace ILLINOIS (City, town, or county) (State or foreign country)

16. (a) Informant SARAH LAVALL
(b) Address 2329 a HICKORY

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 15 1948 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Thos. Rutten & Son
(b) Address 2906 GRAVOIS

19. (a) SEP 14 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 13 year 1948 hour 12 minute 25 A.M.

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

	Duration
Immediate cause of death Cerebral apoplexy	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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

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? Means of injury

23. Signature Patrick E. Taylor Dep Cor (M. D. or other)

Address 1300 Clark Date signed 9-14-48

Jefferson City Printing Co.

(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 Leo J. Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, M

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.