

FILED MAR 8 1949

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6876 Registrar's No. 295

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Montgomery		
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson Barracks, Mo.		c. LENGTH OF STAY (In this place) 66 days	c. CITY (If outside corporate limits, write RURAL and give township) Panama		d. STREET ADDRESS (If rural, give location) 2
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Adm. Hospital					
3. NAME OF DECEASED (Type or Print) PREMO TAVAN			4. DATE OF DEATH (Month) (Day) (Year) February 3, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 17, 1892		9. AGE (In years last birthday) Months Days 56
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY? 5
13a. FATHER'S NAME Joe Tavan		13b. MOTHER'S MAIDEN NAME Mary (last name unknown)		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-I		16. SOCIAL SECURITY NO. 1984 770	17. INFORMANT'S SIGNATURE OR NAME REGISTRAR VAH, Jefferson Barracks, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOGENIC CARCINOMA		INTERVAL BETWEEN ONSET AND DEATH Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 47c					
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) -		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from November 29 1949 , to February 3, 1949 , that I last saw the deceased alive on February 3 1949 , and that death occurred at 1:35 a. m. , from the causes and on the date stated above.					
23a. SIGNATURE L. E. Stilwell (Degree or title) L. E. STILLWELL MD			23b. ADDRESS VAH, Jefferson Barracks, Mo.		23c. DATE SIGNED 2/3/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb. 4, 1949	24c. NAME OF CEMETERY OR CREMATORY Litchfield, Illinois		24d. LOCATION (City, town, or county) (State) Litchfield, Ill.	
DATE REC'D BY LOCAL REG. 2-4-49		REGISTRAR'S SIGNATURE Shirley S. Lumsden MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister 7814 So. Broadway St. Louis, Missouri	

(Licensed Embalmers' Certificate on Reverse Side)

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

No. 300
10.48
9600

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.