

STANDARD CERTIFICATE OF DEATH

State File No.
318 1003 5753
REG. DIST. NO. PRIMARY REG. DIST. Registrar's No.

FILED JUL 15 1949

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

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| b. CITY. (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo.</u> | | c. CITY. (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3007 Abner</u> | | d. STREET ADDRESS (If rural, give location) <u>3007 Abner Place</u> | |
| 3. NAME OF DECEASED (Type or Print) | | 4. DATE OF DEATH (Month) (Day) (Year) | |
| a. (First) <u>John</u> b. (Middle) <u>J.</u> c. (Last) <u>Lavin</u> | | <u>July 1 1949</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>5/9/87</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bank Teller</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) <u>62</u> |
| 11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | 13. IF UNDER 1 YEAR Months <u>1</u> Days <u>22</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
| 13a. FATHER'S NAME <u>Dominic</u> | | 13b. MOTHER'S MAIDEN NAME <u>Agnes Higgins</u> | 14. NAME OF HUSBAND OR WIFE <u>Beatrice</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS J LAVIN 3007 ABNER PL</u> |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Art. sclerotic heart dis.</u> INTERVAL BETWEEN ONSET AND DEATH <u>for years</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) _____ | |
| DUE TO (c) _____ | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>930</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>2443X</u> | |
| 22. I hereby certify that I attended the deceased from <u>2/19</u> , 19 <u>45</u> , to <u>6/30</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6/30</u> , 19 <u>49</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>John J. Harwood M.D.</u> | | 23b. ADDRESS <u>634 N. Grand</u> | 23c. DATE SIGNED <u>7/2/49</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>7/4/49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>JUL 3 1949</u> | REGISTRAR'S SIGNATURE <u>J. B. Laster</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm J. Morrell 4112 St Louis ave</u> | |

Murray

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 Robert M Murray

Licensed Embalmer No. 3749

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, fact should be so stated above.