

THE DIVISION OF HEALTH OF MISSOURI
FILED SEP 15 1950 STANDARD CERTIFICATE OF DEATH

State File No. 28396
7601

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2239			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital				d. STREET ADDRESS (If rural, give location) 2638a Accomac 0			
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) J. c. (Last) Lavin			4. DATE OF DEATH (Month) (Day) (Year) Sept. 7, 1950				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Widower		8. DATE OF BIRTH July 1883	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Track Maint. Dep't.		10b. KIND OF BUSINESS OR INDUSTRY Public Service		11. BIRTHPLACE (State or foreign country) Ireland 4		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Unknown Lavin			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Anna Lavin		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-10-8479		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Michael Lavin, 6307 Famous Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic heart disease ANTECEDENT CAUSES Arteriosclerosis Cerebral embolus (from heart) Morbidity 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. Carcinoma of Rectum				INTERVAL BETWEEN ONSET AND DEATH for yrs. 3 days. 8 mos.	
19a. DATE OF OPERATION 8/31/50		19b. MAJOR FINDINGS OF OPERATION as above # 11				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE No. (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 157H			
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? 157H			
22. I hereby certify that I attended the deceased from 8/26 , 19 50 , to 9-7 , 19 50 , that I last saw the deceased alive on 9-6 , 19 50 , and that death occurred at 6:20a m., from the causes and on the date stated above.							
23a. SIGNATURE John Hammond M.D. (Degree or title)				23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 9/7/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-9-50		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. SEP 7 1950		REGISTRAR'S SIGNATURE J. B. Fasaler		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Signed.....
Student Embalmer

SE

Signed

Robert M. Murray

25/8

Student Embalmer No.

22/18/8

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.