

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 9 1951

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1003

State File No. 10110
Registrar's No. 3025

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>15 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2129</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>245 UNION BLVD</u>			STREET ADDRESS (If rural, give location) <u>245 UNION BLVD</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATHERINE</u>		b. (Middle) <u>A</u>	c. (Last) <u>GAVIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 31 1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Dec 14 1865</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>LUMBER BUSINESS</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>PATRICK GAVIN</u>		13b. MOTHER'S MAIDEN NAME <u>ELLEN HENDY</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS JOHN W NOELH 6603 LEWISTON DR</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</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>Acute Infectious Polio Enteritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Wk</u> <u>3-15-51</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) _____	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? <u>HFA 2</u>			
22. I hereby certify that I attended the deceased from <u>3-19</u> , 19 <u>51</u> , to <u>3-31</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-31</u> , 19 <u>51</u> , and that death occurred at <u>6:05</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Victor E. Scherman M.D.</u>		23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>3-31-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APR 2 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		
DATE REC'D BY LOCAL REG. <u>APR 1 1951</u>	REGISTRAR'S SIGNATURE <u>J B Sauter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cullen Kelly 4386 LINOELH</u>		

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

MAY

1951

MAY 1

1951

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

James A. Lammer

Licensed Embalmer No. *4142*

P. O. Address

St. Louis

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.