No. 300
10.48

FILED FEB 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

531

State File No. 8117

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 451 Registrar's No. 450

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) University City c. LENGTH OF STAY (In this place) 50 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) University City 4326
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 6608 Crest Ave.,	d. STREET ADDRESS (If rural, give location) 6608 Crest Ave., 0

3. NAME OF DECEASED (Type or Print)	a. (First) MARGARET	b. (Middle)	c. (Last) GAVIN.
4. DATE OF DEATH	(Month) Feb.	(Day) 6,	(Year) 1953.
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 29, 1857
9. AGE (In years last birthday) 95	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) Unemployed	10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Unk. Abott	13b. MOTHER'S MAIDEN NAME Unk. Nexion	14. NAME OF HUSBAND OR WIFE Martin Gavin Dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Grace Kaiser, 6608 Crest Ave.,	ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial infarction	Jan 23, 1953
ANTECEDENT CAUSES	Coronary Thrombosis	" "
DUE TO (b)	Arteriosclerosis	10 years
DUE TO (c)	influenza	Jan 21, 1953
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)	advanced age.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

4201

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 ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 21 *1955, to* Feb 6 *1953, that I last saw the deceased alive on* Feb 5 *1953 and that death occurred at* 1.50 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Leo P. Fitz Gerald M.D.	23b. ADDRESS 6617 Delmar Blvd University City (5) Mo.	23c. DATE SIGNED Feb 6 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 9, 1953	24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.,	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. 2-6-53	REGISTRAR'S SIGNATURE Herbert R. Domke - MD	25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark	ADDRESS 1125 Hodiamont Ave.,

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Leo P. Fitzgerald,
6677 Delmar Blvd.,
DE.2677.

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 John S. Kennedy

Licensed Embalmer No. 4194

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.