

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024400

Registration District No. 318 SL 14489 Registrar's No. 6083 STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand, St. Louis, Mo. Length of stay in 1b 69 days
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE ILLINOIS b. COUNTY _____
 c. CITY OR TOWN E. ST. LOUIS Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 5C Roosevelt Homes Residence on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
MARTIN O. CLAVIN
 4. DATE OF DEATH Month Day Year
JUNE 14 1960
 5. SEX MALE
 6. COLOR OR RACE WHITE
 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 10/15/98
 9. AGE (last birthday) 61 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steamfitter
 10b. KIND OF BUSINESS OR INDUSTRY Construction
 11. BIRTHPLACE (City and state or country) E. St. Louis, Ill.
 12. CITIZEN OF WHAT COUNTRY USA
 13a. FATHER'S NAME MICHAEL CLAVIN
 13b. MOTHER'S MAIDEN NAME BEEDIE JACKSON
 14. NAME OF HUSBAND OR WIFE MARY CLAVIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1
 16. SOCIAL SECURITY NO. 325-14-9993
 17. INFORMANT Address Mary Clavin, 5C Roosevelt Homes, E. St. Louis, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) PULMONARY INSUFFICIENCY INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CHRONIC LUNG DISEASE UNKNOWN
 DUE TO (c) OLD TUBERCULOSIS 0024 UNKNOWN
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes N. Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour Month, Day, Year
 p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
 20f. CITY, TOWN, OR LOCATION COUNTY STATE
 21. NA attended the deceased from 4/6/60 to 6/14/60 and last saw him alive on 6/14/60
 Death occurred at 2:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree, or title) THOMAS J. RIDZON R.D. M.D.
 22b. ADDRESS VAH, ST. LOUIS, MO.
 22c. DATE SIGNED 6/14/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
 23b. DATE 6/14/60
 23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel
 23d. LOCATION (City, town, or county) (State) Belleville Ill.

24. FUNERAL DIRECTOR ADDRESS Robins East St. Louis Ill.
 25. DATE RECD. BY LOCAL REG. JUN 14 1960
 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

mjb

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank Probst
Licensed Embalmer No. 4350

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.