RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 28 1960

-60-043843

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11170

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis,
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3615 Juniata Str.
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN St.Louis,
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 3615 Juniata Str.
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First JOHN Middle M. Last LAVIN

4. DATE OF DEATH Month Nov. Day 18th, Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 12-21-1883 (~~1884~~)

9. AGE (last birthday) ~~77~~ 76

IF UNDER 1 YEAR Months Days IF UNDER 24 HR 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 Berle Const. Co.

11. BIRTHPLACE (City and state or country) St.Louis,Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Thomas Lavin

13b. MOTHER'S MAIDEN NAME Bridget Crane

14. NAME OF HUSBAND OR WIFE Late Myrtle Lavin

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. 498-01-5111

17. INFORMANT Bernice Longo-5340a Bancroft Ave.
Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 4 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis. — 9 yrs.

DUE TO (c) 420.0

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 ☐ No ☐ 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 a.m. p.m. Month, Day, Year

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. I attended the deceased from June 1950, to 11/18/60 and last saw ~~her~~ him alive on 10/31/60

Death occurred at 2:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. J. Lunkenheimer M.D. (Degree or title)

22b. ADDRESS 5203 Chippewa.

22c. DATE SIGNED 11/18/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Nov.21,1960

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) St.Louis, (State) Mo.

24. FUNERAL DIRECTOR Kriegshauser ADDRESS 4228 S.Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG. NOV 19 1960

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

BY AFFIDAVIT OF DOCUMENTARY Certificate St. Louis Circuit Court

12/22/60

'77

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in Current

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed R. W. Storsand

Signature of Student Embalmer

Licensed Embalmer No. 4007

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.