

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10649** STATE FILE NUMBER **61-042631**

AMENDED **FILED NOV 28 1961**

1. PLACE OF DEATH a. COUNTY St. Louis, Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis, Mo.	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis, Missouri		c. CITY OR TOWN St. Louis, Mo.	
Length of stay in 1b 2 Yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardinal Glennon Memorial		d. STREET ADDRESS (If outside, give location) 5307 No. Kingshighway	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Dennis Middle M. Last Lavin			4. DATE OF DEATH Month 11 Day 14 Year 61				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-30-59	9. AGE (last birthday) 2 Yrs.	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Donald Lavin			13b. MOTHER'S MAIDEN NAME Ellena Finn		14. NAME OF HUSBAND OR WIFE -----		
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. -----		17. INFORMANT Donald Lavin - 5307 N. Kingshighway			Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) VENTRICULAR FIBRILLATION, after operation		INTERVAL BETWEEN ONSET AND DEATH 1 Hr.	
DUE TO (b) VENTRICULAR SEPTAL DEFECT & PULMONIC STENOSIS		28 mo.	
DUE TO (c) Congenital cyanotic heart disease.		28 mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 754.0		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ s.m. _____ p.m. _____ Month, Day, Year _____			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from **11/11/61** to **11/14/61** and last saw ^{her}him alive on **11/14/61**.
Death occurred at **6:02 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. Collins Healer, M.D. (Degree or title)	22b. ADDRESS 1325 S. GRAND BLVD ST LOUIS 4	22c. DATE SIGNED 11/14/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Nov 17, 1961	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Missouri
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24. FUNERAL DIRECTOR BUCHHOLZ MORTUARY-5967 W. Florissant Ave.	25. DATE RECD. BY LOCAL REG. NOV 18 1961	REGISTRAR'S SIGNATURE Karl Smith, M.D.
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DATE AWARDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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 _____

Signature of Student Embalmer

Signed W. J. [Signature]

Licensed Embalmer No. 4551

P. O. Address [Signature]

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.