

DEC 25 1938 JAN 6 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44490
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis Registration District No. 784
(b) Township _____ Primary Registration District No. 111
(c) City Richmond Hights., Mo. (d) Street No. St. Marys Hospital Registered No. 2116
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME 157 Martin Gavin
(a) Residence, No. 6608 Crest Ave. St. University City, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Gavin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 25, 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 8 29
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

FATHER 13. NAME Micheal Gavin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Mary Mc Donough

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. Margaret Gavin
(ADDRESS) 6608 Crest Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Dec. 27/38

19. FUNERAL DIRECTOR Jos. W. Clark
(ADDRESS) 1125 Hodiamont Ave.

20. FILED DEC 25 1938 D.R. Meyer, M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24/38 1938
22. I HEREBY CERTIFY, that I attended deceased from Dec 12 1938 to Dec 24 1938
I last saw him alive on Dec 23 1938 Death is said to have occurred on the date stated above, at 2.30 A.M.
The principal cause of death and related causes of importance were as follows:
Chronic Cholecystitis with bile duct obstruction Date of onset Dec 1938
Chronic Hepatitis 18 5 Dec 1938
Uremia 18 Dec 1938
Other contributory causes of importance:
Arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Aut. & clinical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Leo T. Gerald M. D.
(Address) 6675 Delmar Blvd

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Leo FitzGerald
6600 Delmar Blvd.,
2-4

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. I661.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Jos. W. Clark

Licensed Embalmer No. I661.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with above constitutes grounds for revocation of license.)