

STANDARD CERTIFICATE OF DEATH

State File No. 1811

BIRTH NO. FILED MAR 8 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis;		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1418 North 8th St.		e. STREET ADDRESS (If rural, give location) 25 1418 No. 8th St. 225/0					
3. NAME OF DECEASED (Type or Print)		a. (First) John		b. (Middle) W.			
		c. (Last) Gavin		4. DATE OF DEATH (Month) (Day) (Year) Feb. 24 1954			
5. SEX M. 0	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 29 1892			
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME William Gavin		13b. MOTHER'S MAIDEN NAME Nellie Brady			
13c. NAME OF HUSBAND OR WIFE Marie Gavin		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		15. SOCIAL SECURITY NO.			
16. INFORMANT'S SIGNATURE OR NAME Marie Gavin		17. ADDRESS 1418 No. 8th St.					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Obstruction of right tonsil and left side of tongue</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 145X			
22. I hereby certify that I attended the deceased from <i>Sept 4, 1953</i> , to <i>Feb. 24, 1954</i> , that I last saw the deceased alive on <i>Feb. 23, 1954</i> , and that death occurred at <i>3:00 P.M.</i> from the causes and on the date stated above.							
23a. SIGNATURE <i>John Baubek Jr. M.D.</i>		23b. ADDRESS <i>3427 Washington</i>		23c. DATE SIGNED <i>2/25/54</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>2/26/54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cemetery</i>			
24d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Sullivan</i>		25. ADDRESS <i>2849 N. Euclid Ave.</i>			
DATE REC'D BY LOCAL REG. FEB 25 1954		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Sullivan</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Albert Masfield*

Licensed Embalmer No. *30*

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