

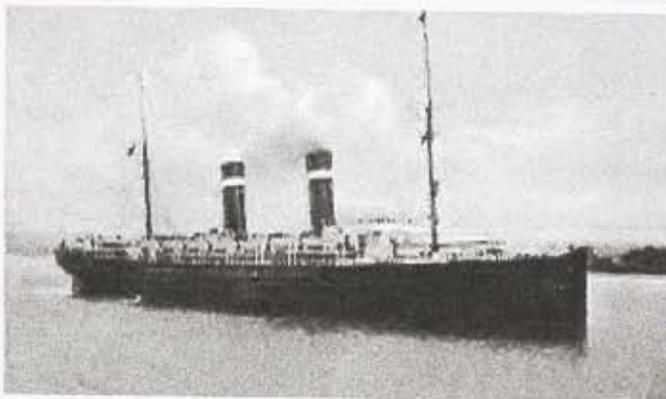


Mom
lived in
Cleveland, OH
with aunt Anne
upon her
arrival from
Finland
1908

The St Louis

Associated Passenger
Lahtinen, Mathilda

Date of Arrival
June 13, 1908





PASSENGER RECORD

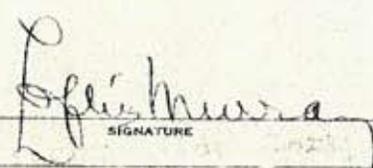
<i>Name:</i>	Lahtinen, Mathilda
<i>Ethnicity:</i>	Finland, Finnish
<i>Place of Residence:</i>	Atsari, Finland
<i>Date of Arrival:</i>	June 13, 1908
<i>Age on Arrival:</i>	23y
<i>Gender:</i>	F
<i>Marital Status:</i>	S
<i>Ship of Travel:</i>	St Louis
<i>Port of Departure:</i>	Southampton, Southamptonshire, England, UK

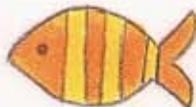
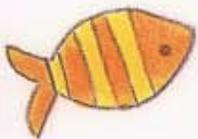




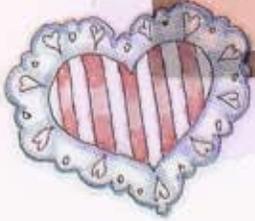
FORM 1-404-A
U. S. DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

23

L 255 NAME Lahtinen, Mathilda		AGE 23	SEX F	MARRIED S	OCCUPATION Servant	ABLE TO READ YES	WRITE YES
PORT OF ENTRY New York		MATRIENT NO. 13-44-2442	CLASS American		CITIZEN OF Finland	RACE Finnish	PLACE OF BIRTH Atsari, Finland
DATE 6-13-08	PORT St. Louis	CLASS American		VIA OR PERMITTED BY --	RECEIVED --	PLACE AND DATE OF ISSUE --	
CERTIFICATE OF ADMISSION OF ALIEN							
NO.		1-17-47					
DESTINATION Cleveland, Ohio				HEAD TAX STATUS Paid			
BY WHOM PASSAGE PAID sister				MONEY \$9			
IN U.S. BEFORE No	WHEN --	WHERE --		GOING TO RELATIVE sister		FRIEND -	
NAME AND COMPLETE ADDRESS OF RELATIVE OR FRIEND Ohio. Hilda Lahtinen, 13925 Eulis Ave, E. Cleveland							
PURPOSE IN COMING AND LENGTH OF INTENDED STAY ----						HEALTH gd	
HEIGHT 4-11	COMPLEXION fair	HAIR bl	EYES bl	DISTINGUISHING MARKS ---			
ACCOMPANIED BY This is a copy of original record of admission but must not be considered as evidence that the person to whom it applies is still a legal permanent resident of the U.S.							
SIGNATURE 		OFFICER IN CHARGE M. H. POWERS					
TITLE sp/pr							



Mom was married to a Mr. Johnson
before she met our dad. She
had two children: a daughter
named Viana and a son Eric.
Mr. Johnson died before Eric was
born. Viana died at the age of 12.



MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

SOCIAL SECURITY NO.

If veteran, name war

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

State File No.

FULL NAME William Jauhainen

Local File No. 4

PLACE OF DEATH:
County Iron
Township _____
City or Village Iron River
Name of hospital _____
(If not in hospital, give street address.)
Length of stay: In hospital _____ In this community _____

USUAL RESIDENCE OF DECEASED:
State Michigan County Iron
Township _____
City or Village Iron River
Street No. _____
If foreign born, how long in U. S. A.? _____ years

Sex Male Color or Race White Single, Married, Widowed or Divorced Married

NAME OF HUSBAND or WIFE
Name Hilda Janhainen Age, if alive: _____

Birth date of deceased _____ 19____
Age: Years 53 Months 11 Days 0 If less than one day _____ hrs. _____ min.

Birthplace Finland
Usual occupation Laborer

Industry or business _____
Father { Name William Janhainen
Birthplace Finland
Mother { Maiden Name Not Known
Birthplace Finland

Informant Hilda Jauhainen
Address Lay Ave. Iron River, Mich.

Burial, cremation or removal (Circle the word which applies)
Place Iron River Township
Cemetery Restaanen Date 1/16, 1938

Funeral director's signature Wm. J. Johns
Address Iron River, Michigan

Filed 1/17, 1938 L. M. Youngs
Local Registrar

MEDICAL CERTIFICATION

Date of death January 14, 1938

I hereby certify that I attended the deceased from Jan. 13, 1938 to Jan. 14, 1938 I last saw him alive on _____, 19____

Death is said to have occurred on the date stated above at 6 A. M.

Immediate cause of death _____

Chronic Nephrities

Other contributory causes of importance Convulsions & Coma Duration 2 Days

Uremia

Major findings and dates:
Of operations _____

In case of violence, state if accident, homicide or suicide _____ Date _____, 19____

Where did injury occur? _____ (Specify city, county, or state)

In industry, home or public place? _____

Was disease or injury related to occupation of deceased? _____

Signature L. E. Irvine

Address Iron River, Michigan

Verify this to be a true copy as shown by the files of the City of Iron River By L. M. Youngs City Clerk

SOCIAL SECURITY NO.

If veteran, name war

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

State File No.
136 847

FULL NAME **MATHILDA MARIA JAUHAINEN** Local File No. **L**

PLACE OF DEATH **IRON**
County
Township
City or village **IRON RIVER**
Name of hospital
Length of stay: In hospital In this community **22 yrs.**

USUAL RESIDENCE OF DECEASED:
State **Mich** County **Iron**
Township
City or Village **Iron River**
Street No. **517 Lay Ave.**
Citizen of foreign country?
If yes, name country

Sex **F** Color or Race **W** Single, Married, Widowed or Divorced **WIDOWED**

MEDICAL CERTIFICATION
Date of death **January 1, 1949**

NAME OF HUSBAND or WIFE
Name **WILLIAM JAUHAINEN** Age, if alive

I hereby certify that I attended the deceased from
19 to I last saw him alive on

Birth date of deceased **11 FEBRUARY 1885**
Age: Years **63** Months **10** Days **21** If less than one day hrs min.

Death is said to have occurred on the
date stated above at **5:30 A.M.** Duration

Birthplace **ATSARI, FINLAND**

Immediate cause of death
Coronary Occlusion Sudden

Usual occupation **HOUSEWIFE**

Other contributory causes of importance
Coronary disease

Industry or business

Father (Name **KUSTAA LAHTINEN** Birthplace **FINLAND**)

Major findings and dates:
Of operations
Of autopsy

Mother (Maiden name **UNKNOWN** Birthplace **FINLAND**)

Informant **Maat Jauhainen**
Address **517 Lay Ave, Iron River Mich.**

In case of violence, state if accident, homicide or suicide
Date 19

Burial, cremation or removal (Circle the word which applies)
Place **Iron River, Michigan**
Cemetery **Resthaven** Date **Jan. 5, 1949**

Where did injury occur? (Specify city, county, or state)

Funeral director's signature **William J. Johnson**
Address **Iron River Mich.**

In industry, home or public place?
Was disease or injury related to occupation of deceased?
Signature **William J. Johnson**

Filed **Jan 4, 1949** Local Registrar

Address **Corner of Ave 60**
Iron River Mich.



Photos of Mom
Dates unknown



Phyllis, Mom, Andrew alonen
& Mrs. Cro alanen



← Easter
flowers

Mrs. alanen & (mom)
Neighbors & friends





Sylvia
Nan

Martha
Aunt Edith
&
Husband

Aunt
Ann

me
Mam

Elvis
Uncle Lester



Mam



me

The Lord is my shepherd: I shall not want.

He maketh me to lie down in green pastures: He leadeth me beside the still waters.

He restoreth my soul: He leadeth me in the paths of righteousness for his name's sake.

Yea, though I walk through the valley of the shadow of death, I will fear no evil: for thou art with me: thy rod and thy staff they comfort me. Thou preparest a table before me in the presence of mine enemies: thou anointest my head with oil: my cup runneth over.

Surely goodness and mercy shall follow me all the days of my life: and I will dwell in the house of the Lord for ever.

In Loving Memory of

Eino A. Johnson

Date of Birth: June 21, 1913

Date of Death: November 17, 1960

Services:

2:00 P.M. Sunday, November 20, 1960

Johns-Fell Chapel

Rev. Harvey L. Gustafson, Officiating

Interment:

Resthaven Cemetery

Pallbearers:

Leonard Sundling

Joe Mattioli

John Curtis

Isadore Busakowski

Stanley Marcell

Glenn Johnson

ARRANGEMENTS BY
JOHNS-FELL FUNERAL HOME
DONALD A. FELL, DIRECTOR



Eino
married Lorraine
Haxington and
had three
children - Kay,
Karen - David



KAY - AGED ONE

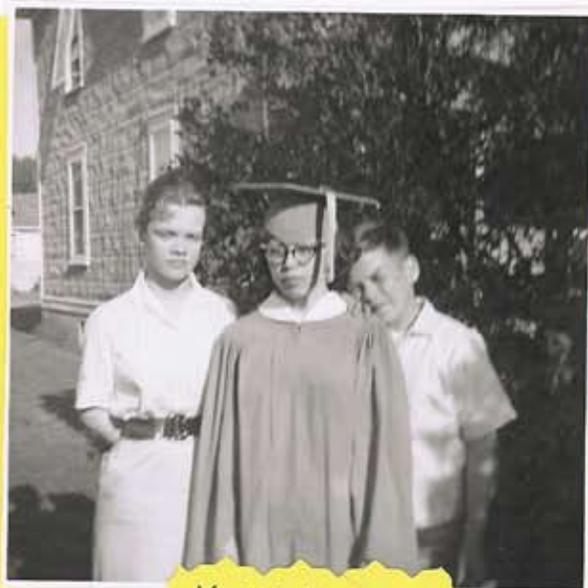


Kay, Kris, David, Karen

Family friend - Kay & mom



Lorraine J



KAREN - KAY - DAVID



KAY & DAVID



KAY & KAREN