



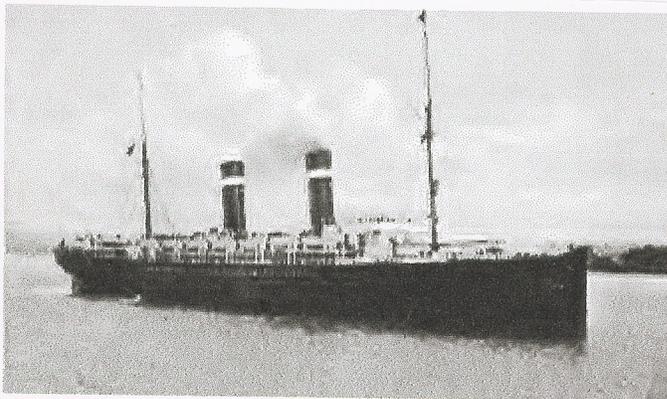
*Mom*  
*lived in*  
*Cleveland, OH*  
*with aunt Anne*  
*upon her*  
*arrival from*  
*Finland*  
*1908*



**The St Louis**

Associated Passenger  
Lahtinen, Mathilda

Date of Arrival  
June 13, 1908





## PASSENGER RECORD

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

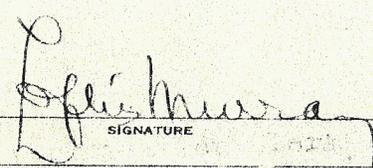
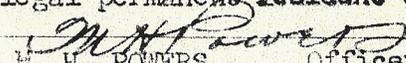


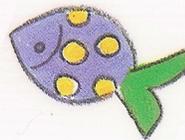
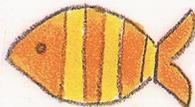
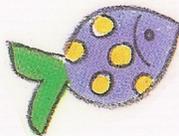
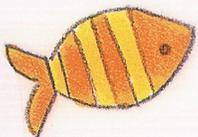


FORM 1-404-A

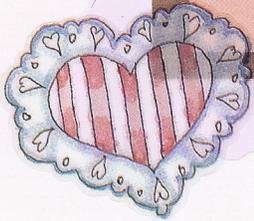
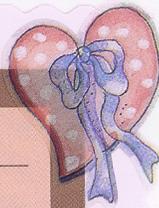
U. S. DEPARTMENT OF JUSTICE  
IMMIGRATION AND NATURALIZATION SERVICE

23

L 255 NAME <b>Lahtinen, Mathilda</b>		AGE <b>23</b>	SEX <b>F</b>	MARRIED <b>S</b>	OCCUPATION <b>Servant</b>	ABLE TO READ <b>YES</b>	ABLE TO WRITE <b>YES</b>
PORT OF ENTRY <b>New York</b>		MANIFEST NO. <b>13-44-2442</b>	CLASS <b>American</b>	CITIZEN OF <b>Finland</b>	RACE <b>Finnish</b>	PLACE OF BIRTH <b>Atsari, Finland</b>	
DATE <b>6-13-08</b>	SS <b>St. Louis</b>	LINE <b>American</b>		VISA OR PERMIT NO. <b>--</b>	SECTION <b>--</b>	PLACE AND DATE OF ISSUE <b>--</b>	
CERTIFICATE OF ADMISSION OF ALIEN				LAST PERMANENT RESIDENCE <b>Atsari, Finland</b>			
NO.		NAME AND ADDRESS OF NEAREST RELATIVE OR FRIEND IN COUNTRY WHENCE ALIEN CAME <b>Pa; Kustaa Lahtinen, Atsari, Niesmistsyca</b>					
		DESTINATION <b>Cleveland, Ohio</b>		HEAD TAX STATUS <b>Paid</b>			
		BY WHOM PASSAGE PAID <b>sister</b>		MONEY <b>\$9</b>			
		IN U.S. BEFORE <b>No</b>	WHEN <b>--</b>	WHERE <b>--</b>	GOING TO RELATIVE OR FRIEND <b>sister -</b>		
		NAME AND COMPLETE ADDRESS OF RELATIVE OR FRIEND <b>Ohio. Hilda Lahtinen, 13925 Euclid Ave, E. Cleveland</b>					
		PURPOSE IN COMING AND LENGTH OF INTENDED STAY <b>----</b>					HEALTH <b>gd</b>
		HEIGHT <b>4-11</b>	COMPLEXION <b>fair</b>	HAIR <b>bld</b>	EYES <b>bl</b>	DISTINGUISHING MARKS <b>---</b>	
		ACCOMPANIED BY <b>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.</b>					
sp/pr		 SIGNATURE					
\$		 M. H. POWERS, Officer in Charge					



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.

**CERTIFICATE OF DEATH**

State File No.

MICHIGAN DEPARTMENT OF HEALTH  
Bureau of Records and Statistics

If veteran, name war

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 \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ 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 \_\_\_\_\_  
Duration \_\_\_\_\_

Chronic Nephrities

Other contributory causes of importance \_\_\_\_\_  
Convulsions & Coma 2 Days  
Uremia

Major findings and dates:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

*Verified true 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 JAUVAINEN** 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 JAUVAINEN** Age, if alive

I hereby certify that I attended the deceased from  
19 to 19 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** *Buddy*

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 Jauvainen**  
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**

When 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**  
Address **Corner of Lay Ave**

Filed **Jan 4, 1949** Local Registrar

*Iron River Mich.*



Photos of Mom  
Dates unknown



Phyllis, Mom, Grandmom alanen  
& Mrs. Cro alanen



← Easter  
flowers

Mrs. alanen & (mom)  
Neighbors & friends







Sylvia  
Mam

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

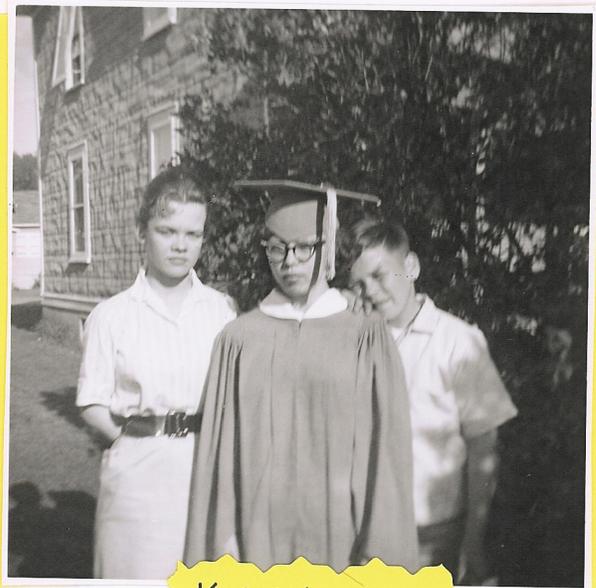


Kay, Kris, David, Karen

Family friends - Kay & mom



Lorraine J



KAREN-KAY-DAVID



KAY & DAVID



KAY & KAREN