

WHITE PAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 19 1934

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo. (No. De Paul Hosp)

Registration District No. 791
Primary Registration District No. 1003

File No. 18334
Registered No. 4807
St. _____ Ward _____

2. FULL NAME John E. Garvey -

(a) Residence, No. #604 Bond Avenue-- St. MP Ward. EAST ST LOUIS ILL
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, DIVORCED, OR SEPARATED (OR WRITE OF HUSBAND OR WIFE) Augusta Mertz -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11-1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>73</u>	<u>3</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired - for 12 yrs
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Former Saloon Keeper
10. Date deceased last worked at this occupation (month and year) 12 yrs ago - 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Louisville -
(STATE OR COUNTRY) Kentucky --

13. NAME Martin Garvey --

14. BIRTHPLACE (CITY OR TOWN) England --
(STATE OR COUNTRY)

15. MAIDEN NAME No Record --

16. BIRTHPLACE (CITY OR TOWN) No Record --
(STATE OR COUNTRY)

17. INFORMANT Susan Garvey
(ADDRESS) 604 Bond Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Carmel Cemtry. Date May 14- 1934

19. UNDERTAKER Brighter and Company
(ADDRESS) 1115 1/2 1st St. St. Louis, Ill.

20. FILED J. H. Brueck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10th-1934

22. I HEREBY CERTIFY, That I attended deceased from 3/6, 1934, to 5/10, 1934

I last saw him alive on 5/10/34, 19____. Death is said to have occurred on the date stated above, at 9:25PM

The principal cause of death and related causes of importance were as follows:

10^{1/2} B
110A
Pneumonia Labor
Other contributory causes of importance: Emphysema
Long Abcess
Cardi. Refluta.

Name of operation..... Date of.....
What test confirmed diagnosis: chem. fluids Was there an autopsy? yes

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) James A. Bullman, M. D.
(Address) 3007 Norwood av.

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St Louis City

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: John E Garvey
Who died at De Paul Hosp on May 10 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex m Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 73 Months 2 Days 29

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: 3

Other contributory causes of importance lung cancer Pyogenic
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician James A. ...
Address of physician 3007 ...

X Signature of Registrar J F ... Oct 10 - 34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. "o. 791

Primary Reg. Dist. "o. 1003

Very truly yours,
E. T. McLaugh M. D.
g.c.

Special Agent.

1934
S-18334