

R 10 1939

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

REC'D MAY 11 1939

16192
Do not use this space.

1. PLACE OF DEATH

(a) County..... St. Louis County Registration District No. 784
 (b) Township..... Carroll Primary Registration District No. 22 Registered No. 641
 (c) City..... Jefferson Barracks (d) Street No. VETERANS HOSPITAL St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

(a) Residence, No. 614 Fred Carvalot
210 East Main Street St. Collinsville, Illinois
 (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 Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7, 1894				
7. AGE	YEARS 44	MONTHS 7	DAYS 29	IF LESS THAN 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer.			
	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) Collinsville, (STATE OR COUNTRY) Illinois.				
FATHER	13. NAME George Carvalot,			
	14. BIRTHPLACE (CITY OR TOWN) Lithuania. (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME Anna (Unknown)			
	16. BIRTHPLACE (CITY OR TOWN) Lithuania. (STATE OR COUNTRY)			
17. INFORMANT M. Schuller (ADDRESS) Clinical Clerk, Vet. Adm. Pac., Jefferson Barracks, Missouri.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Nat'l. Cemetery DATE April 10, 1939 Jefferson Barracks, Mo.				
19. FUNERAL DIRECTOR (NAME) C. Hoffmeister Undertaking Co. (ADDRESS) 7814 South Broadway, St. Louis, Mo.				
20. FILED APR 10 1939				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 6, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **March 27, 1939, to April 6, 1939**
 I last saw him alive on **April 6, 1939** Death is said to have occurred on the date stated above, at **10:50 P.M.**
 The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary, far advanced, active (C).	Date of onset Unkn.
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Other contributory causes of importance: **None.**

Name of operation **None.** Date of
 What test confirmed diagnosis? **Phys. exam** Was there an autopsy? **No**
laboratory findings.

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 **Yes**

(Signed) **C.W. Hughes, M.D.** M. D.
 (Address) **Chief Medical Officer, Vet. Adm. Pac., Jefferson Barracks, Mo.**

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.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.