

AUG 25 1940
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **6209**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 25 Days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2207 Chestnut St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Charles McGarvey 261

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 11, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 3 12 hr. min.

9. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

10. Usual occupation NM

11. Industry or business _____

12. Name Michael McGarvey

13. Birthplace Pa.
(City, town, or county) (State or foreign country)

14. Maiden name Wliza Nelson
(City, town, or county) (State or foreign country)

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Virginia Redwine

(b) Address Salem, Mo.

17. (a) Removal (b) Date thereof 7-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) JUL 24 1940 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23,
year 1940 hour 3:25 minute _____ A. M.

21. I hereby certify that I attended the deceased from May 28, 1940, to July 23, 1940;

that I last saw him alive on July 23, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Glomerulo-nephritis
Myocardial Heart Failure
Due to _____

Other conditions Pleury - old (left)
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature John J. Meany (M. D. or other)
Address 1515 Lafayette Date 7/24/40

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

J. G. Sullivan
Signed *1122*

.....
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, fact should be so stated above.