

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29612

Registration District No. 784

Primary Registration District No. 106

State File No. \_\_\_\_\_

Registrar's No. 1520

1. PLACE OF DEATH

(a) County St. Louis  
 (b) City or town Kirkwood  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 317 W. Madison 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether years, months or days) 2109

8. (a) PRINT FULL NAME Fred W. McAvoy Sr

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Genita McAvoy 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Feb 23 - 1886  
 (Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Leather Broker

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name McAvoy  
 13. Birthplace Conn  
 (City, town, or county) (State or foreign country)  
 14. Maiden name McAvoy  
 15. Birthplace Conn  
 (City, town, or county) (State or foreign country)

16. (a) Informant Fred W. McAvoy Jr

(b) Address 317 W. Madison  
 17. (a) Burial (b) Date thereof 8-12-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL

18. (a) Signature of funeral director Louis H. Hoop Jr

(b) Address Kirkwood, Mo

19. (a) AUG 9 - 1940 (b) D.R. Murray M.D.  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town Kirkwood  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 317 W. Madison  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8  
 year 1940 hour 10:30 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1940, to July 8, 1940  
 that I last saw him alive on Aug 7, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary obstruction Duration minutes

Due to Coronary disease 1 yr

Due to Hypertension 1 yr

Other conditions (Include pregnancy within 3 months of death) 94

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Oliver Allen (M. D. or other) \_\_\_\_\_  
 Address 152 Maryland Date signed 8-9-40

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

0-39  
39  
21492

SEP 5 1940

**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 \_\_\_\_\_

*Louis H Bopp*

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Louis H Bopp*

Licensed Embalmer No. \_\_\_\_\_

*921*

P. O. Address \_\_\_\_\_

*Kirkwood Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

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