

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8740

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2150

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
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1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution City Hospital 2517 N SARAH ST  
(d) Length of stay: In hospital or institution 5 Minutes  
In this community Life

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 11  
(c) City or town St. Louis 000  
(d) Street No. 2517 North Sarah St  
(e) If foreign born, how long in U. S. A.? Life 0 years

3. (a) PRINT FULL NAME FRANK P GARVEY  
(b) If veteran, name war  
(c) Social Security No. 497-01-3451

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 5 year 1941 hour 11 minute 15 A. M.

4. Sex M O 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Mrs. Nellie Garvey  
(c) Age of husband or wife if alive 42 years  
7. Birth date of deceased 11-9-1889

21. I hereby certify that I attended the deceased from June 27 1940 to March 5 1941 and that death occurred on the date and hour stated above.

8. AGE: 51 Years 3 Months 26 Days

Immediate cause of death Rupture of Aneurysm - Arch of Aorta  
Due to Chronic Systemic Infection (Syphilitic)

9. Birthplace St. Louis Mo  
10. Usual occupation Chauffeur  
11. Industry or business Hotel Transfer Co

Other conditions  
Major findings: Of operations  
Of autopsy

MOTHER FATHER  
12. Name Johney Garvey  
13. Birthplace Mo  
14. Maiden name Margaret Murphy  
15. Birthplace Missouri

16. (a) Informant Mrs. Nellie Garvey  
(b) Address 2517 N Sarah St  
17. (a) Burial (b) Date thereof 3-8-1941  
(c) Place: burial or cremation Memorial Park Cem

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

18. (a) Signature of funeral director Sullivan Bros  
(b) Address 2849 N Euclid Ave  
19. (a) MAR 8 1941 (b) J. J. Brudeck

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature Walter T. Moore (M. D. or other) MD  
Address 5400 Arsenal St. Date signed 3/7/41

Mr Moore  
City Embalmer  
Friday 3-7-41 2-4pm

**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 Albert Mayfield

Licensed Embalmer No. 13077

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.**