

FILED APR 13 1942
Registration District No. 792

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9yrs. 3dys.
(Specify whether years, months or days)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 9-13

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2145 John Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN GARVEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex 0 male

5. Color or race white

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife single

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

7. Birth date of deceased May 19, 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>10</u>	<u>3</u>	hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Patrick Garvey

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

14. Maiden name Mary Killiley

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

16. (a) Informant L. Heggendorf

(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 3-25-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary

18. (a) Signature of funeral director Arthur J. Donnelly
3840 Lindell Blvd.

(b) Address _____

19. (a) APR 23 1942 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1942 hour 2:05 minute P. M.

21. I hereby certify that I attended the deceased from 7-1-42 19 to 3-22-42 19;
that I last saw him alive on 3-22-42 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 1942x

Due to Gen. Arteriosclerosis 1942x

Due to Senility

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

Major findings: _____
Of operations _____
Of autopsy No.

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M: D. or other) _____
Address 5400 Arsenal Date signed [Signature]

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

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.....

W Van Matres

Licensed Embalmer No.....

2825

P. O. Address.....

4340 Lafayette

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.