

FILED JUL 30 1946
 Registration District No. 37

Primary Registration District No. 9066

1. PLACE OF DEATH:
 (a) County ST. LOUIS
 (b) City or town KIRKWOOD - RURAL - S. BOX - 7
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
RESIDENCE
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 3-YEARS years, months or days)

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. RURAL-ROUTE-5-130X-7
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME SAMUEL VINCENT HARVEY
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month JULY day 21
 year 1946 hour _____ minute _____ M.

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife THELMA HARVEY
 6. (c) Age of husband or wife if alive 46 years
 7. Birth date of deceased SEPT - 2 - 1867
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
78 10 17 hr. _____ min.

Immediate cause of death broken neck after falling down stairs in his home.
 Duration _____

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

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

10. Usual occupation RETIRED

Major findings:
 -Of operations _____
 Of autopsy Yes

11. Industry or business _____
 12. Name JOHN HARVEY
 13. Birthplace UNKNOWN UNKNOWN
 (City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN UNKNOWN
 (City, town, or county) (State or foreign country)
 15. Birthplace UNKNOWN UNKNOWN
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident 125
 (b) Date of occurrence July 21, 1946.
 (c) Where did injury occur? Kirkwood, Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
At home.

16. (a) Informant THELMA HARVEY
 (b) Address KIRKWOOD - Mo. R-R-S. BOX 7
 17. (a) REMOVAL (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation POPLAR-BLUFF, MO

While at work? _____ (Specify type of place)
 (e) Means of injury Blunt impact.

18. (a) Signature of funeral director GREER-CROY-FITCH
 (b) Address POPLAR-BLUFF, MO
 19. (a) 7-24-46 (b) E. J. McHardy
 (Date received local registrar) (Registrar's signature)

23. Signature Arnold J. Wellmann 3
 Address _____ Date signed 7/23/46
 (M.D. or other)

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

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 9

203747

APR 19 1904

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 *John Keller*
Licensed Embalmer No. *3880*
P. O. Address *St. Louis Mo.*

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.