

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007400

STATE FILE NUMBER

2-1190

FEB 24 1959

Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

300
-57
8
195
0

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital DOA		d. STREET ADDRESS (If outside, give location) 3639 Garfield, Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last Frank W. McGarvey		4. DATE OF DEATH Month Day Year Feb. 2, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 10, 1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Pana, Illinois.
13a. FATHER'S NAME Oliver McGarvey		13b. MOTHER'S MAIDEN NAME Unknown	12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No. Nil.		16. SOCIAL SECURITY NO.	14. NAME OF HUSBAND OR WIFE Anna.
17. INFORMANT Address Anna McGarvey, 3639 Garfield, Ave.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Sclerosis</i> DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) <i>420.1</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>955 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) <i>Patrick E. Fayler Corwin</i>		22b. ADDRESS <i>1300 Clark</i>	
22c. DATE SIGNED <i>2/3/59</i>		23. NAME OF CEMETERY OR CREMATORY <i>St. Matthews Cemetery</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>2-4-59</i>	
23c. LOCATION (City, town, or county) <i>St. Louis, Mo.</i>		23d. (State)	
24. FUNERAL DIRECTOR <i>Albert H. Hoppe</i>		ADDRESS <i>4700 Washington, Blvd.</i>	
25. DATE RECD. BY LOCAL REG. <i>FEB 3 59</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Melvin L. Kemper*

Licensed Embalmer No. *405-2*

P. O. Address *Washington*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.