

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

30808

1. PLACE OF DEATH

County St. Louis Registration District No. 789
 Township Central Primary Registration District No. 6033B
 City W. Webster (No. 6347) Suburban Ave. St. W. Ward

2. FULL NAME

(a) Residence, No. 6347 Suburban Ave. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary M. Garvey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 21 = 1874</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>3</u>
	DAYS <u>23</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Walterman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>P. S. Co.</u>	
	10. Date deceased last worked at this occupation (month and year)	
MOTHER	11. Total time (years) spent in this occupation	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
	13. NAME <u>H. V. M. Garvey</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>	
	15. MAIDEN NAME <u>Mary Stanley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Mary M. Garvey</u> <u>6347 Suburban Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walterman Cem.</u> DATE <u>Sept. 22, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>J. N. O'Leary</u> <u>1125 N. Adams St.</u>		
20. FILED <u>9/21</u> 19 <u>33</u> <u>John Gray M.D.</u> Registrar		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20, 1933

22. I HEREBY CERTIFY, that I attended deceased from April 7, 1932, to Sept. 20, 1933.
 I last saw him alive on Sept. 20, 1933. Death is said to have occurred on the date stated above, at 7:10 P.M.

The principal cause of death and related causes of importance were as follows:

Arthritis Deformans 1930
5:1A
 Other contributory causes of importance:
5:1

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify O. P. Hauptstad, M. D.
 (Signed) O. P. Hauptstad

(Address) 6635 Belmont

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

96
 1933

119
 22
 24

