

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

Do not use this space.

MAR 5 - 1937

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 3923 Dover Place)

File No. **8288**
Registered No. **1738**
St. Ward)

2. FULL NAME Charles M. Harvey

(a) Residence, No. 3923 Dover Place St. 1 Ward. 2
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary A. Harvey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 0 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carriage Builder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 888
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME George Harvey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Charles J. Harvey
(ADDRESS) 3923 Dover Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Court, Feb. 10, 1937

19. UNDERTAKER Arthur J. Donnelly Undt. Co.
(ADDRESS) 3840 Lindell Blvd.

20. FILED FEB 9 - 1937 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1937 to 2-8-37

I last saw him alive on 2-7, 1937 Death is said to have occurred on the date stated above, at 1:15 P.M.

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

Brachio-pneumonia Date of onset 2-5-37

Other contributory causes of importance: Chr. cardio-vascular disease 1932

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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? No
If so, specify Oliver Abel Jr. M. D.
(Signed) Yistu Blag
(Address).....

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.

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