

DEC 13 1937, MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39646
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 1003
(c) City St. Louis (d) Street No. Missouri Baptist St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward Jarvis

(a) Residence, No. 4873 Page Blvd. St. 6
(Usual place of abode, if no street address, write county or city) (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 Anna

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
79 6 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired R.R.
9. Industry or business in which work was done, as saw mill, bank, etc. Wabash Conductor
10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edina Mo

FATHER 13. NAME John Jarvis

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Benceini
(ADDRESS) 5141 a Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov. 18, 1937

19. FUNERAL DIRECTOR Cullen & Kelly
(ADDRESS) 1416 E. Taylor

20. FILE NO. NOV 16 1937 J. J. Bredek
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-15-1937

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1937, to 11-15-1937.
I last saw him alive on 11-15-1937. Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Chronic myocarditis
131
chronic
Other contributory causes of importance: Parasympathetic dysfunction.

Name of operation None Date of None
What test confirmed diagnosis? None 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? no
If so, specify no
(Signed) Dr. White, M. D.

(Address) 919 N. Taylor St. St. Louis

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.

STATEMENT BY LICENSED EMBALMER

I, Clement Mc Neary, Licensed Embalmer No. 3732

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Clement Mc Neary

Licensed Embalmer No. 3732

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.)