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.

REC'D APR 1 1938

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

791
1003

Do not use this space.

File No. 8929
Registered No. 2518

1. PLACE OF DEATH

County
Township
City ST. LOUIS MO. (No. FIRMIN DESLOGE HOSPITAL Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Benjamin Jarvis 1,1,2

(a) Residence, No. 3425 JUNIATA St., Ward. 16
(Usual place of abode) (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., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (*write* the word): MARRIED

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ ELIZABETH JARVIS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 4, 1880

7. AGE: YEARS 57 | MONTHS 8 | DAYS 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. DAY,
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.

FATHER

13. NAME LOUIS JARVIS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

MOTHER

15. MAIDEN NAME HANNAH MARTIN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

17. INFORMANT (ADDRESS) ELIZABETH JARVIS 3425 Juniata St

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY CEM. DATE MARCH 16 1938

19. UNDERTAKER (ADDRESS) E. J. Schnurr 3125 Lafayette Av

20. FILED MAR 15 1938 J. P. Buchek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) , 19

22. I HEREBY CERTIFY, That I attended deceased from 2/3/38, 19 to 3/13/38, 19
I last saw him alive on 3/13/38, 19 Death is said to have occurred on the date stated above, at 12:35 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Carcinoma with metastases to lung and liver and chest wall	Uncertain
Bronchopneumonia	4 days.

Other contributory causes of importance:

Name of operation no Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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 Not to my knowledge
(Signed) G. O. Brown, M. D.
(Address) 1325 S. Grand Blvd.

Em blank signed