

31 1938

DEC 4 1938

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

36820
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis 3 Registration District No. 784
 (b) Township Norwood 1 Primary Registration District No. 205 Registered No. 1772
 (c) City Overland (d) Street No. St. Charles & Woodson Aves. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME James H. Jarvis
 (a) Residence, No. 3631 Calvert St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF F. May Jarvis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 11 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. unemployed
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) James Prairie Mo

FATHER 13. NAME John B. Jarvis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) James Prairie Mo

MOTHER 15. MAIDEN NAME Mary Allen

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

17. INFORMANT Miriell Reese
 (ADDRESS) 3429 Wedgeway

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Lebanon DATE Oct 31

19. FUNERAL DIRECTOR (NAME) Bauman Bros
 (ADDRESS) Overland Mo

20. Oct 31 1938 J. R. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 10.40 PM

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

Automobile accident. Struck by an automobile while a pedestrian on a public highway. 10/28/38

Other contributory causes of importance:
Fracture of the skull 10/28
Fracture of both tibia and fibulae.

Name of operation _____ Date of _____

What test confirmed diagnosis physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide accident Date of injury 10/28/38

Where did injury occur? Overland Mo
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Struck by auto

Nature of injury Fracture of the skull.

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify John Powell

(Signed) John Powell M. D.
 (Address) Coroner of St. Louis County

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.

OCT 31 1938

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, _____

E. W. Hillman

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

E. W. Hillman

Licensed Embalmer No. _____

3501

P. O. Address _____

osceola, mo

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 this body is not embalmed, above space should be left blank.