

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

17017
Do not use this space.

1. PLACE OF DEATH **ST. LOUIS 12 1939**

(a) County 2 Registration District No. 791
 (b) Township 1 Primary Registration District No. 1008
 (c) City St. Louis (d) Street No. 2652 Nat'l. Bridge Ave. Registered No. 4551
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 610 James C. Harvey
2652 Nat'l. Bridge Ave.
 (a) Residence, No. 30 St. 20 (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 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 Catherine Harvey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 1866

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
72	6	5	

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. Engineer

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) Lebanon Mo. D

FATHER

13. NAME Thomas Harvey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. D

MOTHER

15. MAIDEN NAME Semathy Bernard

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Catherine Harvey
 (ADDRESS) 2652 Nat'l. Bridge Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE May 20, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur J. Donnelly
3840 Lindell Blvd.

20. FILED MAY 18 1939 J. J. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1939 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1st, 1937, to May 17, 1939
 I last saw him alive on May 3, 1939. Death is said to have occurred on the date stated above, at 8:30 am.
 The principal cause of death and related causes of importance were as follows:
Hypertensive Heart Disease
 Date of onset Oct. 1937

Other contributory causes of importance: None

Name of operation None Date of _____
 What test confirmed diagnosis? usual 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 _____
 (Signed) Leon C. Hails, M. D.
 (Address) 1507 So. Grand Blvd.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD.

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.

30M-9-19
I X1693

Dr. L. C. Halle
Mo. Pacific Hospital 10:15 am.

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Stanley Marchlewski
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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