

AUG 17 1939

791
1003

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24106
State File No. _____
Registrar's No. 6379

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5203^{1/2} a Murdoch Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 80 Years. (Specify whether _____)

3. (a) PRINT FULL NAME Bessie Jarvies. 612
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John W. Jarvies. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown Unknown 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
abt. 83 Unknown. hr. _____ min. _____

9. Birthplace Ireland.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business _____

MOTHER FATHER
12. Name John Hickey.
18. Birthplace Ireland.
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Fennessy.
(City, town, or county) (State or foreign country)
15. Birthplace Ireland.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Theresa Jarvies
(b) Address 5203^{1/2} a Murdoch Ave

17. (a) Burial (b) Date thereof 7-20-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) JUL 19 1939 (b) J. J. B. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis. 14
(If outside city or town limits, write "RURAL")
(d) Street No. 5203a Murdoch Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1939 hour 11 minute 25 A.M.

21. I hereby certify that I attended the deceased from Day of death and about 2 yrs., 19____, to _____, 19____; that I last saw her alive on 7-17, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Chr Myocarditis
Chr Interstitial Nephritis

Duration 8 years 5 years

Due to _____
Due to _____

Other conditions Rt hemiplegia Jan 1939
(Include pregnancy within 3 months of death)

Caused by cerebral hemorrhage

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

28. Signature Dr. S. Tronaine (M. D. or other) _____
Address 4448 Shaw Blvd Date signed 7-18-39

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.

522 Memorial
4448
1-2-R

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 W H VanMatre

Licensed Embalmer No. 2825

P. O. Address 3840 Lindel

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.