

FILED JUN 15 1940

791

Primary Registration District No.

1003

State File No.

Registrar's No.

4539

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 10 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 19
(If outside city or town limits, write "RURAL")
(d) Street No. 367 No Boyle
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Edward McCarver

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Carrie 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mich 8 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace St Genevieve Co. Mo. (1)
(City, town, or county) (State or foreign country)

10. Usual occupation barber

11. Industry or business Wagner Elec Co

12. Name Oliver McCarver

13. Birthplace Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Boyd
15. Birthplace St Genevieve Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Della Stevens

(b) Address 367 No Boyle

17. (a) Burial (b) Date thereof 5-24-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington, Mo

18. (a) Signature of funeral director Head Funeral Home

(b) Address Flat River, Mo

19. (a) MAY 22 1940 (b) J. F. Ceder
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1940 hour 12 30 minute AM

21. I hereby certify that I attended the deceased from _____
_____ 1938 to 5-22- 1940
that I last saw him alive on 5-22- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death mitral valve failure

Due to Phenothiazine
arterio-sclerosis + old age

Due to _____

Other conditions (Include pregnancy within 8 months of death)

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature W. C. Simms (M. D. or other) M.D.
Address 4559 Cadet Date signed 5-22-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 Howard P. Rowland

Licensed Embalmer No. 9114

P. O. Address St Louis, 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.