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FILED JUL 17 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **20416**
Registrar's No. **5364**

Registration District No. **1-7-30** Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mos., 18 Days
In this community 25 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Jack Hervey
(b) If veteran, name war Unknown
(c) Social Security No. Unknown

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

6. (b) Name of husband or wife Nina Hervey
6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased October 26, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 7 22 -hr. min.

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

10. Usual occupation Peddler

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison

(b) Address City Hospital, #1

17. (a) BURIAL (b) Date thereof 6-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Huller & Hells

(b) Address 641 1940 Taylor ave.

19. (a) 6/21/1940 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5022 Minerva
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17,
year 1940 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from March
31, 1940, to June 17, 1940;
that I last saw him alive on June 17, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertrophied kidney

Due to _____

Due to 51

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Hypertrophied

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 J. F. Bredenk (M. D. or other)

Address 1515 Lafayette Date signed 6/18/40

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

Raymond E. Schirke

Registered Apprentice No. _____

working under my personal supervision.

Signed

Raymond E. Schirke

*city license
180*

Licensed Embalmer No.

3985

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.