

FILED SEP 25 1940
Registration District No. 791

Primary Registration District No. 1003

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: Irvin Desloge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 hours 5 min
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME John Herbert Irvin 615

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Aug 4 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 1 If less than one day 18 hr. 5 min.

9. Birthplace Irvin Desloge Hosp., St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Sylvester Irvin

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

14. Maiden name Virginia Raney

15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mother VIRGINIA IRVIN

(b) Address 7302 N. Broadway Ave St. Louis Mo

17. (a) BURIAL (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director E. J. Schur

(b) Address 3125 Lafayette Ave

19. (a) AUG 7 1940 (b) Registrar's signature J. St. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town ST LOUIS 8
(If outside city or town limits, write "RURAL")
(d) Street No. 7302 N. BROADWAY
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5
year 1940 hour 11 minute 35 P.M.

21. I hereby certify that I attended the deceased from Aug 4
_____, 1940, to Aug 5, 1940;
that I last saw him alive on Aug 5, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Icterus GRAVIS

Due to _____
Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy none

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?

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

23. Signature Erwin T. Huber (M. D. or other) MD
Address Missouri Theatre Bldg. Date signed 8-7-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.