

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34060**
Registrar's No. **8757**

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

Registration District No. **791**

Primary Registration District No. **1003**

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:
3225 No. Florissant Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Oliver Jarveaux

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

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

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

7. Birth date of deceased February 7, 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 8 16 hr. min.

9. Birthplace Perryville, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer. 9

11. Industry or business 9

MOTHER FATHER { 12. Name Severius Jarveaux. 9

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

14. Maiden name Bridget Miller.

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

16. (a) Informant Sister Jeane.

(b). Address 3225 No. Florissant Ave.

17. (a) Burial (b) Date thereof 10-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Dornelly

(b) Address 3840 Lindell Blvd

19. (a) OCT 24 1940 (b) St. Louis
(Date received local registrar) (City, town, or county)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 20
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 3225 No. Florissant Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23rd.
year 1940 hour 3. minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug. 22, 1940 to Oct. 23, 1940
that I last saw him alive on Oct. 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis 2 yrs
Duration

Due to 1

Due to 1

Other conditions Arteriosclerosis Similis
(Include pregnancy within 3 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 Arthur A. Prekorske (M. D. or other) MD

Address 1525 W. Olive Ave Date signed 10/24/40

(Licensed Embalmer's Statement on Reverse Side)

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. Van Matre

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.