

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

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.

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 400

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town WEBSTER GROVES  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
412 BRADFORD AVE 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community 25 YRS  
years, months or days

8. (a) PRINT FULL NAME SAMUEL CAMERON HARVEY

8. (b) If veteran, name war \_\_\_\_\_

8. (c) Social Security No. N.O

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HULDA HARVEY

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased OCT. 15 - 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation CONTRACTOR

11. Industry or business CONCRETE

MOTHER FATHER { 12. Name GEORGE HARVEY

13. Birthplace \_\_\_\_\_ ENGLAND  
(City, town, or county) (State or foreign country)

14. Maiden name KATHERINE MILLER

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

16. (a) Informant's own signature Hulda Harvey

(b) Address 412 BRADFORD AVE. W.G.

17. (a) BURIAL (b) Date thereof FEB-22-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAINE CEM.

18. (a) Signature of funeral director Parker and Co

(b) Address WEBSTER GROVES, MO.

19. (a) FEB 21 1941 (b) IR Miller M.D. Reg.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS

(c) City or town WEBSTER GROVES 7  
(If outside city or town limits, write "RURAL")

(d) Street No. 412 BRADFORD AVE 4  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 20  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb 20, 1941, to Feb - 20, 1941  
that I last saw him on Feb - 20, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Duration \_\_\_\_\_

Due to Hypertension

Due to \_\_\_\_\_

Other conditions (Includes pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 8 gals

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 Ray Couston M. D. or other \_\_\_\_\_

Address 222 West 1st St Date signed 2/24/41

**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..... *E. C. Aldrich* .....

Licensed Embalmer No. *1332*

P. O. Address *Webster Grove*

**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.**