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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8803

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2213

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

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: Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days)

In this community 54 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis 117
(If outside city or town limits, write "RURAL")

(d) Street No. 4430 West Belle 9
(If rural, give location)

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

3. (a) PRINT FULL NAME Sylvester Hervey

3. (b) If veteran, name war --

3. (c) Social Security No. None

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Martha Hervey

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased September (Month) 10th. (Day) 1870 (Year)

8. AGE: Years 70 Months 5 Days 26 If less than one day hr. min.

9. Birthplace Little Rock, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Chef Cook-retired

11. Industry or business

FATHER
12. Name Unavailable
13. Birthplace Unavailable ? (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unavailable
15. Birthplace Unavailable ? (City, town, or county) (State or foreign country)

16. (a) Informant Martha Hervey
(b) Address 4430 West Belle Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/1941 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. Gates
(b) Address 4107 Finney Ave. St. Louis

19. (a) MAR 10 1941 (Date received local registrar) (b) J. T. Breeden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1941 hour 10:50 minute A.M.

21. I hereby certify that I attended the deceased from February 19, 1941 to March 6, 1941 that I last saw him alive on March 6, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Rt Inguinal Hernia (P O) Chronic	
Nephritis, Hyper. Heart Disease,	
Due to Senility, Acquired Lues	Indefinite
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place)

While at work? (b) Means of injury

23. Signature E. A. McDonnell (M.D. or Coroner)

Address 2601 N Whittier Date signed 3/8/41

(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 James A. Johnson, Registered Apprentice No. ..... working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.