

FILED FEB 24 1942

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **825**

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: **Bethesda Hospital 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 Days**
(Specify whether _____)
In this community _____
years, months or days)

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. **4211 Russell Blvd 1**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Isabel Gillier Garvey**

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

4. Sex **Female 1** 5. Color or race **White 2** 6. (a) Single, widowed, married, divorced, **Widow**

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

7. Birth date of deceased **December 30 1851**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	90	0	27	hr. _____ min. _____

9. Birthplace **Missouri 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **John Gillies 4**

13. Birthplace **Scotland 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Fenwick 4**

15. Birthplace **England 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter J. Garvey**

(b) Address **4211 Russell Blvd**

17. (a) **Burial** (b) Date thereof **Jan 28 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Peetz Brothers**

(b) Address **3029 Lafayette Ave**

19. (a) **JAN 27 1942** (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **26th** day **January**
year **1942** hour **4:53** minute **A. M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia; Intestinal Obstruction (adhesion); Fracture left Femur; when she fell to the floor of the 9th floor Ladies Rest Room due to at Famous-Barr, about 12:25 P.M. January 13, 1942.**

Other conditions **A**
(If include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

Duration

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) **Accident 060**

(b) Date of occurrence **Jan. 13, 1942**

(c) Where did injury occur? **St. Louis, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **In Public Place**

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

23. Signature **Walter J. Garvey 3** (M. D. or other) _____
Address _____ Date signed **1/27/42**

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

1880000

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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 Frank J. Owens

Licensed Embalmer No. 2245

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, fact should be so stated above.