V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED DEC 29 1942

Registration District No. 318 — Primary Registration District No. 1003 — State File No. 38746 — Registrar's No. 10480

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: ALEXIAN BROS. HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State (b) County 17 9
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3906 LINDELL BL.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME THOMAS GARVEY

3. (b) If veteran, name war
3. (c) Social Security No. NONE

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY ANN GARVEY
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Oct. (Month) 14 (Day) 1862 (Year)

8. AGE: Years 80 Months 2 Days 1 If less than one day hr. min.

9. Birthplace IRELAND (City, town, or county) 4 (State or foreign country)
10. Usual occupation FOREMAN
11. Industry or business CARONDLET FOUNDRY CO.

FATHER
12. Name PATRICK GARVEY
13. Birthplace IRELAND (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name BRIDGET McGOVERN
15. Birthplace IRELAND (City, town, or county) 4 (State or foreign country)

16. (a) Informant Miss Mary E. Garvey
(b) Address 3906 Lindell Bl.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 17-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem
18. (a) Signature of funeral director L. Mullen Und Co.
(b) Address 5165 Delmar Bl.
19. (a) DEC 16 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 15 year 1942 hour 12 minute 35 A.M.

21. I hereby certify that I attended the deceased from 5-18- 1942 to 12-15- 1942 that I last saw him alive on 12-12- 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction of bowel due to cancer of sigmoid flexure of colon.
Due to
Due to Fracture of neck of left femur
Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations H
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
(b) Date of occurrence May 22, 1942
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Fall

23. Signature D. S. Pruett (M.D. ~~or other~~)
Address 6606 Virginia Ave Date signed 12-15-42

(Licensed Embalmer's Statement on Reverse Side)

Dr N. N. [illegible]
6006 Vergennes Ave
8-9 A.M.

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 H. G. Farris

Licensed Embalmer No. 3384

P. O. Address St Louis

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.