

LED MAY 14 1943

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STANDARD CERTIFICATE OF DEATH

1003

State File No. \_\_\_\_\_  
Registrar's No. 4287

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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:  
ST. LUKE'S 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:

(a) State MO (b) County STL

(c) City or town GLENDALE  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME INFANT HARVEY

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

4. Sex M 5. Color or race W

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

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

7. Birth date of deceased MAY 7 - 1943  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 5 hr. \_\_\_\_\_ min.

9. Birthplace St Louis MO  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Francis Harvey, Jr

13. Birthplace St Louis MO  
(City, town, or county) (State or foreign country)

14. Maiden name Marion Thome

15. Birthplace St Louis MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Francis Harvey, Jr

(b) Address Glendale MO

17. (a) Burial (b) Date thereof 5-8-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Louis H. Sp. Dir

(b) Address St Louis

19. (a) MAY 8 1943 (b) J. J. Bruback  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 7  
year 1943 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from MAY 7  
1943 to MAY 7 1943

that I last saw him alive on MAY 7 - 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death ATELECTASIS

Due to CONGENITAL DEFORMITY  
MONGOLISM -

Due to —

Other conditions (Include pregnancy within 3 months of death) 157

Major findings: Of operations \_\_\_\_\_

Of autopsy AS ABOVE

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 DR. F. C. Henry (M: D. or other) MO  
Address St Luke Hospital Date signed 5-8-43

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

**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.....

*not embalmed*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Ronald Bopp*.....

Licensed Embalmer No. *3042*.....

P. O. Address *Clayton*.....

**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.**