

ED MAY 22 1943
Registration District No. 317

Primary Registration District No. 3065

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution:
733 LUCKYSTONE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 YEARS (Specify whether years, months or days)

3. (a) **PRIN FULL NAME** GEORGE T. HARVEY

3. (b) If veteran, name war —

3. (c) Social Security 490-12-0677

4. Sex MO 5. Color or race W

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

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

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased FEB-6-1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 9 If less than one day — hr. — min.

9. Birthplace FROSTBURG M D D
(City, town, or county) (State or foreign country)

10. Usual occupation TILE ROOFER

11. Industry or business —

MOTHER FATHER

12. Name HUMPHREY HARVEY

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

14. Maiden name LUCINDA COPPAGE

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

16. (a) Informant Mrs. Florence Tanner

(b) Address 733 Luckystone

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-43
(Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEM.

18. (a) Signature of funeral director L. P. Tanner

(b) Address 6107 Natural Bridge

19. (a) 5-19-43 (Date received by registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

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

(d) Street No. 733 LUCKYSTONE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1943 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 14, 1943, to May 15, 1943; that I last saw him alive on April 14, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon

Duration 1 yr

Due to —

Due to —

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

Major findings: Of operations [Signature]

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 —

23. Signature [Signature] (M. D. or other) MD

Address Richwood Mo. Date signed 5-26-43

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..... *Henry M. Brammer*

Licensed Embalmer No..... *4200*

P. O. Address.....

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.