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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

JUL 10 1943 317

Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 1575

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Koch

(c) Name of hospital or institution: Robert Koch Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution 5 mo, 29 days
(Specify whether years, months or days) 47 years

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3114 Lucas
(If rural, give location)

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

3. (a) PRINT FULL NAME BESSIE LEE McVAY

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex F 5. Color or race C

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

6. (b) Name of husband or wife Albert McVay

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

7. Birth date of deceased May 3 1896
(Month) (Day) (Year)

8. AGE: Years 47 Months 2 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation nil

11. Industry or business _____

12. Name Grant Wiley

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

14. Maiden name Katie Van Meter

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

16. (a) Informant Hospital Recd

(b) Address Robert Koch Hosp

17. (a) Burial (b) Date thereof 7-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director People's Burial Co

(b) Address 3102 Franklin Ave

19. (a) 7-9-43 (b) C. M. McVay
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1943 hour 17 minute 12 AM

21. I hereby certify that I attended the deceased from Jan 8 1943 to July 7 1943 that I last saw her alive on July 7 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hemorrhage

Due to Pulm Tuberculosis 1 1/2 yrs?

Due to _____

Other conditions (Includes pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 1361

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 Frank Cohen (M. D. or other) 0

Address Robert Koch Hosp Date signed 7/7/43

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.....

....., Registered Apprentice No.....
working under my personal supervision.

*Body was not
embalmed - Just a
burial.*

Signed.....

Licensed Embalmer No.....

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.