

Registration District No. Primary Registration District No. Registrar's No. 1401

1. PLACE OF DEATH:
(a) County St. Louis City
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital 1513 Lafayette
(d) Length of stay: In hospital or institution 3 days
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jt. Louis
(c) City or town Jt. Louis
(d) Street No. 4772 S Labadie
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Garvey, Clark
3. (b) If veteran, name war _____
3. (c) Social Security No. 493-10-3483

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 7 1896

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 12 year 1944 hour 8 minute 15 P. M.
21. I hereby certify that I attended the deceased from 2 4 1944 to 2 11 1944
that I last saw him alive on 2 4 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 47 Months 5 Days 4 If less than one day _____ hr. _____ min.

Immediate cause of death Pulmonary Artery Thrombosis
Due to _____
Due to _____
Other conditions: Pneumonia
Syphilis (History)
Major findings: _____
Of operations _____

9. Birthplace Mo Wisconsin
10. Usual occupation Clerk
11. Industry or business Small Arms
12. Name Jam. Garvey
13. Birthplace Jt. Louis Wisconsin
14. Maiden name Margaret Tabin
15. Birthplace Wisconsin
16. (a) Informant Hospital Record
(b) Address _____
17. (a) Burial (b) Date thereof 2-14-44
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Sullivan Bros
(b) Address 2849 N. Euclid
19. (a) FEB 18 1944 (b) J. F. Deede

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? _____
(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 0
23. Signature Frank (M. D. or other) MD
Address 1515 Lafayette Date signed 2-12-44

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

MOTHER FATHER

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..... *Albert Mayfield*

Licensed Embalmer No. *3074*

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.