

U. S. No. 2
DOM-5-43
ev. 5-17-39
I X36871

FILED MAR 24 1947

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2667**

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 Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3208 No. Dakota St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nicholas T. McVey

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

4. Sex Male 5. Color or race White 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 July 16 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 7 26 hr. min.

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

10. Usual occupation Plant Guard

11. Industry or business Scullins Steel Co.

12. Name James McVey

13. Birthplace New York N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Maher

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

16. (a) Informant Mrs. George Hyland

(b) Address 3218 Osceola St.

17. (a) Burial (b) Date thereof 3/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Gabken-Benz Mort.

(b) Address 2842 Meramec St.

19. (a) MAR 13 1947 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 12th
year 1947 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from 19 8 or
1, 19 7, to 12 Mar, 19 7;
that I last saw h. alive on 12 March, 19 7;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 6 days

Due to arteriosclerosis

Due to Chronic congestive heart failure

Other conditions Chronic congestive heart failure
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Not done

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)
(c) Means of injury _____
23. Signature J. F. Bradeck (M. D. or other) _____
Address 4065 Edmond Date signed 13 March

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.....me.....

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

Signed.....

Joe D. Benz

Licensed Embalmer No.....4219.....

P. O. Address.....2842 Meramec St......
St. Louis, Mo.

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.