No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40531

FILED DEC 2 1947

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2459

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Manchester Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2350 Whittemore Pl. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME William H. McVey
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Emma
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 17 (Day) 1853 (Year)

8. AGE: Years 94 Months 10 Days 9 If less than one day hr. min.

9. Birthplace Lake Forest (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation Retired
11. Industry or business Railroad

FATHER
12. Name William McVey
13. Birthplace (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Bridget Hogan
15. Birthplace (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Mrs. Margaret Dowling
(b) Address 2350 Whittemore Pl.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Geo. Funeral Home
(b) Address 3029 Lafayette Ave.
19. (a) 11-28-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26 year 1947 hour 10 58 minute A M.
21. I hereby certify that I attended the deceased from Oct 2, 1947 to Nov. 26, 1947 that I last saw him alive on Nov. 25, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis
Due to Gen'l arteriosclerosis
Due to
Other conditions multiple Ca's of skin one large one lt. cheek.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 53

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature C H Denny (M. D. or other) MD
Address Creve Coeur, Mo Date signed 11-27-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DEC 2 - 1947

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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 3029 Lafayette

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.