S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43154

FILED DEC 31 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 11500

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: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (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. 4230 Enright Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN SHERMAN IRVING
3. (b) If veteran, name war --
3. (c) Social Security No. --

4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fannie Irving
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased August (Month) 14, (Day) 1893 (Year)

8. AGE: Years	Months	Days	If less than one day
54	4	1	hr. min.

9. Birthplace Carthage (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Hotel porter
11. Industry or business --
MOTHER FATHER
12. Name John Irving
13. Birthplace Columbia (City, town, or county) Tenn. (State or foreign country)
14. Maiden name Angeline King
15. Birthplace Carthage (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. Reba Hammond
(b) Address 4230 Enright Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.
19. (a) DEC 16 1947 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15th year 1947 hour 6 minute 20 P.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Due to Myocardial Insufficiency
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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 3
23. Signature Patrick E. Taylor Dep Cor (M.D. or Coroner)
Address 1300 Clark Ave. Date signed 12-16-47

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

WRITE PLAINLY—USING 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 John Cunningham, Registered Apprentice No. 452, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. ~~1885~~ 4254

P. O. Address 4107 Finney Ave.

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.