No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

2596

State File No. .....

Registration District No. 318 Primary Registration District No. ..... Registrar's No. 766

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 St Louis Childrens 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: 1003

(a) State Illinois (b) County Madison 999

(c) City or town Madison (If outside city or town limits, write "RURAL") 11

(d) Street No. 2017 McCasland (If rural, give location) 0

N.R. 2

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME HARVEY ROAM HARVEY

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 —

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased June (Month) 27 (Day) 1947 (Year)

8. AGE: Years | Months 6 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace Granite City (City, town, or county) Ill (State or foreign country)

10. Usual occupation nil

11. Industry or business .....

FATHER
12. Name Merle Harvey
13. Birthplace Hunter (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Delphie Roam
15. Birthplace Granite City (City, town, or county) Ill (State or foreign country)

16. (a) Informant Merle Harvey.
(b) Address Madison Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Grandon Mo

18. (a) Signature of funeral director Lahey Funeral Home
(b) Address Madison, Illinois

19. (a) JAN 26 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25 year 1948 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from January 23, 1948, to January 25, 1948 that I last saw him alive on January 25, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: pertussis pneumonia - Bron | |
| Due to ..... | |
| 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 0

23. Signature Gilbert B. Forbes (M. D. or other)

Address St Louis Childrens Hosp Date signed 1-25-48

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

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

## 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 Ronald Yahnke

Licensed Embalmer No. 2917

P. O. Address St Louis

**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.**