

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED SEP 7 1948 318

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

1003

State File No.

277781

Registrar's No.

7441

1. PLACE OF DEATH:

(a) County.....*St. Louis, Mo.*
(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. Mary's Infirmary*
(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)

3. (a) PRINT FULL NAME.....*Clarence Harvey*

3. (b) If veteran,
name war.....

3. (c) Social Security No.

4. Sex.....*Male* 2 5. Color or race.....*Col.*
6. (a) Single, widowed, married, divorced.....*Married*
6. (b) Name of husband or wife.....*Anna*
6. (c) Age of husband or wife if alive.....*60* years
7. Birth date of deceased.....*October 4, 1883*
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 10 18 hr. min.

9. Birthplace.....*Memphis, Tenn.*
(City, town, or county) (State or foreign country)

10. Usual occupation.....*Janitor*

11. Industry or business.....*Frank Harvey*

12. Name.....*Frank Harvey*
13. Birthplace.....*Tenn.*
(City, town, or county) (State or foreign country)

14. Maiden name.....*Nannie Lewis*
15. Birthplace.....*Tenn.*
(City, town, or county) (State or foreign country)

16. (a) Informant.....*Bowman Harvey*
(b) Address.....*4696 Evans Avenue*

17. (a) *Burial* (b) Date thereof.....*8-26-48*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....*St. Peter's Cemetery*

18. (a) Signature of funeral director.....*E. B. Kauer*
(b) Address.....*1221 N. Grand*

19. (a) *AUG 25 1948* (b) *J. F. Branstetter*
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

2. USUAL RESIDENCE OF DECEASED:

(a) State.....*Missouri* (b) County.....*000*
(c) City or town.....*St. Louis*
(If outside city or town limits, write "RURAL")
(d) Street No.....*4596 Evans Avenue*
(If rural, give location)
(e) Citizen of foreign country?.....*11* (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....*August* day.....*22*,
year.....*1948* hour.....*11* minute.....*30* P. M.

21. I hereby certify that I attended the deceased from.....*Aug 16*,
.....*1948* to.....*Aug 22*, 19*48*
that I last saw him alive on.....*Aug 22*, 19*48*
and that death occurred on the date and hour stated above.
Immediate cause of death.....*Heart failure*
Duration.....

Due to.....*Carcinoma of Colon & Liver*
Due to.....

Other conditions.....*Hb*
(Include pregnancy within 3 months of death)

Major findings:.....*Carcinoma*
Of operations.....*Descending Colon*
Of autopsy.....*Carcinoma Colon*
Melancholic of liver & lungs

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?..... (c) Means of injury.....
23. Signature.....*Oral S. McCallan M. D.* (or other)
Address.....*42009 Eastern Ave.* Date signed.....*8-25-48*

(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

working under my personal supervision.

Signed

Theodore Yundell

Licensed Embalmer No.

4243

P. O. Address

14 Haymire

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.