

No. 300  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED SEP 13 1948**  
Registration District No. \_\_\_\_\_

MISSOURI DEPARTMENT OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**  
**1003**

27994  
State File No. \_\_\_\_\_ **7682**  
Registrar's No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

**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: Enroute City Hospital 3  
(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 Joseph McVay  
3. (b) If veteran name war World War I  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Marion E. McVay  
6. (c) Age of husband or wife if alive Unk. years  
7. Birth date of deceased August 27 1880  
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 3  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Chicago Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Government Employee

12. Name Henry McVay 9

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Kathleen Simmons

15. Birthplace Michigan  
(City, town, or county) (State or foreign country)

16. (a) Informant Marion McVay

(b) Address Washington, D.C.

17. (a) Removal (b) Date thereof 9-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, D.C.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) AUG 31 1948 J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State D. of D. (b) County Washington 999  
(c) City or town Washington 49  
(If outside city or town limits, write "RURAL")  
(d) Street No. 200 Massachussetts Ave. N.W.  
(If rural, give location)  
(e) Citizen of foreign country? N.R. (Yes or No) 0  
If yes, name country \_\_\_\_\_ 2

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug. day 30  
year 1948 hour 11 minute 45 A 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.

Immediate cause of death Coronary Thrombosis Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to 94w

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
(Specify means of injury) \_\_\_\_\_  
While at work? \_\_\_\_\_  
23. Signature Saturn E. Taylor (M., D., or other) Dep. Sec.  
Address \_\_\_\_\_ Date filed 9-1-48

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

MOTHER FATHER

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**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 Ray W Wilkinson

Licensed Embalmer No. 3575

P. O. Address 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.**