

FILED AUG 13 1949

STANDARD CERTIFICATE OF DEATH

1003 State File No. 25083  
6829 Registrar's No.

318

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place) <u>17 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jurmin Desloge Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>4530 St. Louis Ave., 15.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CHARLES</u>		b. (Middle) <u>M.</u>		c. (Last) <u>McILVANEY</u>	
4. DATE OF DEATH		(Month) <u>AUG.</u> (Day) <u>5<sup>TH</sup></u> (Year) <u>1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 22, 1873</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR: (Month) <u>4</u> (Day) <u>13</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Waynesboro, Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James McIlvaney</u>		13b. MOTHER'S MAIDEN NAME <u>Marion Gordon</u>		14. NAME OF HUSBAND OR WIFE <u>Carrie McIlvaney</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>195-222889</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carrie McIlvaney, 4530 St. Louis Ave.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Arterial hemorrhage secondary to operation for carcinoma of tongue and neck</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks history</u>	
19a. DATE OF OPERATION <u>7-18-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Extensive carcinoma of tongue with metastases to neck.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) _____ (STATE) <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>141X</u>			
22. I hereby certify that I attended the deceased from <u>7-11-1949</u> to <u>8-5-1949</u> , that I last saw the deceased alive on <u>8-4-1949</u> , and that death occurred at <u>4.2</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles M. Howard, M.D.</u>				23b. ADDRESS _____		23c. DATE SIGNED <u>8-5-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/8/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>	
DATE REC'D BY LOCAL REG. <u>AUG 5 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Frazier</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F. Feutz, 4828 Natural Bridge Bl.</u>			

(Licensed Embalmer's Statement on Reverse Side)

Je. 6744  
3 to 5 Pm daily

**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.....

....., Student Embalmer No. ....

working under my personal supervision.

Signed..... Ralph C. Linders .....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4275

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.