No. 300
10.48

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

FILED JUL 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21649

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5510

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Firmin Desloge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: 19
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2199
d. STREET ADDRESS (If rural, give location): 3745 Lindell Blvd 0

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): R.
c. (Last): Irvin

4. DATE OF DEATH (Month) June (Day) 23 (Year) 1950

5. SEX: M. 0
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 24, 1887
9. AGE (In years last birthday): 62 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesmen
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joseph Irvin
13b. MOTHER'S MAIDEN NAME: Jenny Rainey
14. NAME OF HUSBAND OR WIFE: Georgia Irvin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No.
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Georgia Irvin — ADDRESS: 3745 Lindell Blvd.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Esophageal Varicosities

DUE TO (c) alcoholic Cirrhosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 5811

22. *I hereby certify that I attended the deceased from* 21 June, 1950, *to* 23 June, 1950, *that I last saw the deceased alive on* 23 June, 1950, *and that death occurred at* 6.10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Malcolm B. Bowles M.D.
23b. ADDRESS: 6376 Clayton Rd.
23c. DATE SIGNED: 6/24/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-25-50
24c. NAME OF CEMETERY OR CREMATORY: Grove Hill Cemetery
24d. LOCATION (City, town, or county) (State): Dallas, Texas.

DATE REC'D BY LOCAL REG.: JUN 25 1950
REGISTRAR'S SIGNATURE: J. B. Kaiser
25. FUNERAL DIRECTOR'S SIGNATURE: Arthur J. Donnelly — ADDRESS: 3840 Lindell Blvd

(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.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 21649-50

State of ..... } ss.
County of ..... }

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 5510

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for James R. Irvin died ~~born~~ 6-23-50, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. ~~Bx~~ 4 should read June 23 1950
Instead of June 24-50

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Bonnelly Carson — Fun. Dir
Relationship.

3840 Lindell
Present Address.

Subscribed and sworn to before me this 31 day of July, 1950

My Commission expires 3-4-53 — Edna C. Paddock, Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S. 135
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