S. No. 300
. 10-48

FILED AUG 22 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3063 State File No. 28863

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. ~~3066~~ Registrar's No. 1965

1. PLACE OF DEATH

a. COUNTY St Louis

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Louis Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Mo. b. COUNTY St Louis

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 71 Kirkwood 4713

d. STREET ADDRESS (If rural, give location) 206 W. Rose Hill

3. NAME OF DECEASED (Type or Print) a. (First) Dexter b. (Middle) R. c. (Last) McVey

4. DATE OF DEATH (Month) Aug (Day) 14 (Year) 1950

5. SEX Male

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 4-16-72

9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months 3 Days 28 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Rail mail clerk

11. BIRTHPLACE (State or foreign country) Taylor Co. Iowa

12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Wm. McVey

13b. MOTHER'S MAIDEN NAME Emma Cook

14. NAME OF HUSBAND OR WIFE Single

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. none

17. INFORMANT'S SIGNATURE OR NAME Carl McVey 206 W. Rose Hill ADDRESS Kirkwood, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis

ANTECEDENT CAUSES

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

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* auricular fibrillation

INTERVAL BETWEEN ONSET AND DEATH

332 X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 332 X

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?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE R. R. Cahle (Degree or title) M.D.

23b. ADDRESS 601 So. Brentwood

23c. DATE SIGNED 8-15-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8-16-50

24c. NAME OF CEMETERY OR CREMATORY Oak Hill

24d. LOCATION (City, town, or county) Kirkwood, Mo. (State)

DATE REC'D BY LOCAL REG. 8-15-50

REGISTRAR'S SIGNATURE Herbert R Domke MD

25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp, Inc. ADDRESS Kirkwood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Felix Durand

Signed _____
Student Embalmer

Licensed Embalmer No. 3034

P. O. Address Kirkwood 23 m

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.