

FILED MAR 7 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6178  
Registrar's No. 1848

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 31801 PRIMARY REG. DIST. NO. 1008

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) <i>St Louis Mo</i>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <i>26 TOWN St Louis</i>		2269
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Alex Brothers Hospital</i>			d. STREET ADDRESS (If rural, give location) <i>1318 Monroe St</i>		

3. NAME OF DECEASED (Type or Print) a. (First) <i>Patrick</i> b. (Middle) c. (Last) <i>Harvey</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>2-23-51</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>July 7 1898</i>
9. AGE (In years last birthday) <i>52</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <i>St Louis Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	

13a. FATHER'S NAME <i>Edward Harvey</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Burns</i>	14. NAME OF HUSBAND OR WIFE <i>-</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Mary Costigan</i>
		ADDRESS <i>1318 Monroe St</i>

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* MEDICAL CERTIFICATION <i>1 CARCINOMA OF DUODENUM 15 years</i> <i>2 HEMANGIOMA OF LIVER multiple</i> <i>3 malignant</i> <i>4 Tracheo bronchitis terminal 4 days</i> <i>5 Generalized arteriosclerosis 20 yrs</i> <i>6 myocardial infarct old 2-6 yrs</i>		INTERVAL BETWEEN ONSET AND DEATH <i>24 hrs</i> <i>4 days</i> <i>20 yrs</i> <i>2-6 yrs</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>malignant</i> DUE TO (c) <i>Generalized arteriosclerosis</i>		
	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 <input checked="" type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>152X</i>

22. I hereby certify that I attended the deceased from *FEB 7*, 1951, to *FEB 23*, 1951, that I last saw the deceased alive on *FEB 23*, 1951, and that death occurred at *9:30* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>A J Casper M.D.</i>	23b. ADDRESS <i>1901 Madison St.</i>	23c. DATE SIGNED <i>2/24/51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>2/26/51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>
		24d. LOCATION (City, town, or county) (State) <i>St Louis Mo</i>

DATE REC'D BY LOCAL REG. <i>FEB 25 1951</i>	REGISTRAR'S SIGNATURE <i>J. B. Lester</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Central Funeral Home</i>	ADDRESS <i>1841 Cass Ave</i>
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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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Elton H. Remelius

Licensed Embalmer No. 4283

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.