

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

15171  
44904

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1007  
 City St. Louis or 4103 Hartford St. File No. 4096  
 Registered No. 4096 Sl. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Edna C. Garner  
 (a) Residence. No. 4103 Hartford St., 16 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edmund H. Garner  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4 - 1889  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
38 11 7 \_\_\_\_\_

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Fred D. Fussell  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Maria Balke  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

14. INFORMANT Mr. P. D. Foy  
 (Address) 3505 1/2 Utah

15. APR 11 1928 FILED Har C Stanley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11 1928  
 17. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1928, to April 11, 1928.  
 that I last saw her alive on April 7, 1928, and that death occurred, on the date stated above, at 3:45 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

23 1/2 Pulmonary Tuberculosis  
31 (duration) not known to me  
 CONTRIBUTORY (SECONDARY) Tuberculosis Laryngitis  
 (duration) not known to me

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: not known to me

DID AN OPERATION PRECEDE DEATH? no. DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Sputum  
 (Signed) Lawrence Schleuter, M. D.  
4/13, 1928 (Address) 3515 S. Grand Bl. S. C.

\*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memorial Park DATE OF BURIAL April 14 1928

20. UNDERTAKER Shelby Funeral Co ADDRESS 4355 Washington St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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