

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 751  
 Township..... Primary Registration District No. 1003  
 City St. Louis No. 3123 Shenandoah St. \_\_\_\_\_ Ward \_\_\_\_\_

22078  
6250

**2. FULL NAME**

(a) Residence. No. 3123 Shenandoah 17 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Margaret Garstang

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
74 8 25

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Metalworker  
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired  
 (c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Unknown Garstang

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Richard Garstang  
 (Address) 4879<sup>2</sup> 7<sup>th</sup> South Ave

15. FILED JUN 11 1928 Wm. L. Starling REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 10 1928

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1928, to June 10, 1928 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 10:50 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

as myocarditis  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

CONTRIBUTORY (SECONDARY) acute interstitial nephritis due to tertiary syphilis 3-6 ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS physical lab + clinical

(Signed) W. J. Walters, M. D.

6-11-1928 (Address) 5201 Va

\*State the DISEASE CAUSING DEATH, or in 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 New St. Marcus DATE OF BURIAL June 13 1928

20. UNDERTAKER Dohmann Funeral ADDRESS 1905 Union

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Dr. Walters

5201<sup>a</sup> Virginia Ave

2-3

Mon Wed Fri