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

Do not use this space.

11662

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1002 ..... Registered No. 2886

City St. Louis (No. Christian Hospital St. ..... Ward)

2. FULL NAME Martha Lee Garner Garner,

(a) Residence. No. 4360 A Lee St., 10 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4 - 1931

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
		1	

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) MO

PARENTS

10. NAME OF FATHER Homer C. Garner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ennis
(STATE OR COUNTRY) Texas
12. MAIDEN NAME OF MOTHER Catherine Jacobs
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pfeifer
(STATE OR COUNTRY) Kans

14. INFORMANT Homer C. Garner
(Address) 4360 A Lee ave.

15. FILED MAR 5 1931, 19 ..... Max C. Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 - 5 1931

17. I HEREBY CERTIFY, That I attended deceased from 3 - 4, 1931, to 3 - 5, 1931 that I last saw her alive on 3 - 4, 1931, and that death occurred, on the date stated above, at 5:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Birth Injury
160 C
161 B
(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) none
(duration) ..... yrs. ..... mos. ..... 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? no
(Signed) [signature], M. D.
, 19 (Address) 718 Beaumont Med Bldg

*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: St Peter's
DATE OF BURIAL: March 6 1931

20. UNDERTAKER: L. B. Tanner
ADDRESS: 6107 Natural Bridge Rd

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.