

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

Do not use this space.

18013

File No. _____
Registered No. **4982**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **701**
Township _____ Primary Registration District No. **1003**
City **St. Louis** (No. **4390 Gibson Ave**)

2. FULL NAME

Mary Garner
(a) Residence, No. **4390 Gibson Ave** 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 **54** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widowed** (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 23, 1932**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Late Charles Garner**

22. **No** I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
Physician in Attendance

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 22, 1856**

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at **2:30** a. m.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	76	5	1	

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chronic Nephritis
131
93c

Date of onset

OCCUPATION

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. **Housewife**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation **8**

Other contributory causes of importance: **131 93c**

131 93c

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany 10**

13. NAME **Unknown Graf**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Charles Arney** (ADDRESS) **4390 Gibson Ave**

18. BURIAL, CREMATION, OR REMOVAL **32**
PLACE **New Orleans** DATE **5-25-32**

19. UNDERTAKER **K. J. Hancock** (ADDRESS) **419 1/2 Gramercy St**

20. FILED **MAY 23 1932** **May C. Parker** Registrar

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **No injury**
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____ (Signed) **J. W. Garner**, M. D.

(Address) **Dep. Coroner**

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

