

JAN 13 1936

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

Do not use this space.

38095

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ City Hospital No. **1008**
City **St. Louis Mo.** (No. _____) _____

File No. **10119**
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **2333 - Union St.** Ward. **21**
(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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 7th 1893**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	42	0	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

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

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 5th 1935**

22. I HEREBY CERTIFY, That I attended deceased from **10 - 29 - 1935**, to **11 - 5 - 1935**

I last saw her alive on **11 - 5 - 1935** Death is said to have occurred on the date stated above, at **11:00 A.M.**

The principal cause of death and related causes of importance were as follows:
Luetic Heart Disease 34

Date of onset **10-29-35**

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

FATHER

13. NAME **James Garner**

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

MOTHER

15. MAIDEN NAME **Louise Bwing**

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

17. INFORMANT (ADDRESS) **Judy Giddens 2943 - Laramy**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Louis** DATE **11/30/35**

19. UNDERTAKER (ADDRESS) **W. R. Rutter 3500 Ritten**

20. FILED **2 1935** REGISTRAR **J. G. Brenitch**

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____
Nature of injury _____

24. Was disease of injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) **James R. Harris, M. D.**
(Address) **2943 - Laramy Blvd.**

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.

