76

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.

OCT 5 1936

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

Do not use this space.

35894

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo. (No. ~~3415 Lodede ave~~ City Hosp #2 ..... St. ..... Ward)

File No. .....

Registered No. 9515

2. FULL NAME George H. Garner

(a) Residence, No. 3415 Lodede ave St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 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: Cal

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1894 Aug-15.

7. AGE: YEARS 42 | MONTHS | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hopewell A.LA

FATHER

13. NAME: Shirley Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ALA.

MOTHER

15. MAIDEN NAME: Francis Doscher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ALA

17. INFORMANT (ADDRESS): Mary Love 3415 Lodede ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE MONTGOMERY-ALA DATE SEPT-11, 1936

19. UNDERTAKER (ADDRESS): LOVE-UNDERTAKEING Co. 3103 WASHINGTON-AVE

20. FILED SEP 17 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Phy in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:55 A.m.

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

Shock + Injuries fractured skull rest in fall from window at residence

Date of onset

186a

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid. Date of injury 9/9/, 1936

Where did injury occur? St Louis Mo. (Specify city or town, county, and State)

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

Manner of injury ..... see above

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Harold [illegible], M. D.

(Address) Dupont

9515
9515