SEP 25 1937

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

Do not use this space.

1. PLACE OF DEATH
County: St Louis ~~[illegible]~~ Registration District No. 790 File No. 31796
Township: Clayton Primary Registration District No. 60339 Registered No. 576
City: Clayton (No. St Louis Co. Hosp. St. Ward)

2. FULL NAME: Donald ~~Gene~~ Garr
(a) Residence, No. 2520 Maryland St., 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): —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug-9-1937
7. AGE: YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.:
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): Jones Mo 2520 Maryland

FATHER
13. NAME: Chester Garr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Elgin Mo

MOTHER
15. MAIDEN NAME: Fermin Montgomery
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Elgin Mo

17. INFORMANT (ADDRESS): Chester Garr 2520 Maryland

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Houston Cem DATE: Aug 10 1937

19. UNDERTAKER (ADDRESS): Sparks Mfg Co Elgin Mo

20. FILED: 8/10 1937 D. A. J. Figuorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 9, 1937

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 3:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth (6 months gestation)	

Other contributory causes of importance:

Name of operation: None Date of
What test confirmed diagnosis? Physician Signs Was there an autopsy? No

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 or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John O'Connell, M. D.
(Address) Coroner, St. Louis Co.

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.