

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

35860
Do not use this space.

NOV 15 1937

1. PLACE OF DEATH
 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St Louis** (d) Street No. **Jewish Hospital** St. **9437**
 (e) Length of residence in city or town where death occurred **15** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **Erna Marie Garvels.**
 (a) Residence, No. **4622 Shirley Pl.** St. **7**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female**
 4. COLOR OR RACE **White**
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED (husband of or) WIFE OF **Bernard Garvels**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 17-1904**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
35	33	0	21	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **House Work**
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation **140**

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

FATHER 13. NAME **Anton Hochlander**

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

MOTHER 15. MAIDEN NAME **Alvina Orlob**

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

17. INFORMANT **Bernard Garvels**
 (ADDRESS) **4622 Shirley Pl.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Calvary** DATE **Oct. 11 1937**

19. FUNERAL DIRECTOR **Edromschwig Und. Co.**
 (ADDRESS) **4746 W. Florissant Ave.**

20. FILED **OCT 9 1937** **J. T. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 9 1937**
 22. I HEREBY CERTIFY, That I attended deceased from **8/11/37** to **10/9 1937**
 I last saw her alive on **Oct 9 12:30 P.M.** 19**37** Death is said to have occurred on the date stated above, at **12:30 P.M.**
 The principal cause of death and related causes of importance were as follows:

Septicemia following spontaneous abortion 2 months previous
 Date of onset
 Other contributory causes of importance: **Secondary Anemia**

Name of operation **none** Date of
 What test confirmed diagnosis? **Clinical** 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 **None**
 (Signed) **Nathan Biesky** M. D.
 (Address) **4743 Nat. Bldg. Ave.**

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.

1992

STATEMENT BY LICENSED EMBALMER

I, Guy W. Wilkinson, Licensed Embalmer No. 3575

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Guy W. Wilkinson
Licensed Embalmer No. 3575

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)