

REC'D APR 11 1938

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

9151

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. 791  
(b) Township..... Primary Registration District No. 1003  
(c) City St. Louis, Mo. (d) Street No. Desloge Hospital Registered No. 2740  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

FLORA GARVER Garver 616  
(a) Residence, No. 7451 Lohmeyer Ave., Maplewood, Mo. NR Maplewood, Mo.  
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 5, 1908</u>		
7. AGE	YEARS	MONTHS
	<u>30</u>	<u>-</u>
		<u>15</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>at home</u>		
9. Industry or business in which work was done, as 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) <u>Clevesville, Mo.</u>		
13. NAME <u>John Garver</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Willow, Mo.</u>		
15. MAIDEN NAME <u>Minnie Steffen</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Mo.</u>		
17. INFORMANT <u>Mrs. Emer Gleize (sister)</u>		
(ADDRESS) <u>Bland, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bland, Mo. (motor)</u> DATE <u>Mar. 24, 1938</u>		
19. FUNERAL DIRECTOR <u>Croghan Und. Co. Inc.</u>		
(ADDRESS) <u>7146 Manchester Ave.</u>		
20. FILED <u>J. D. Briedeck</u>		
Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 19, 1938 to Mar. 20, 1938  
I last saw her alive on Mar. 20, 1938 Death is said to have occurred on the date stated above, at 5:00p.m.  
The principal cause of death and related causes of importance were as follows:  
Acute Myelogenous Leukemia, About two weeks.

Other contributory causes of importance:

Name of operation None Date of.....  
What test confirmed diagnosis? Blood exam 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 g. O. Brown, M. D.  
(Signed) g. O. Brown  
(Address) 1325 S. Grand Blvd.

MAR 22 1938

(Licensed Embalmer's Statement on Reverse Side)

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.

6810 Kingdon

STATEMENT BY LICENSED EMBALMER

I, M. J. Croghan, Licensed Embalmer No. 2622

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

L. E. Francis Williamson

No. 3565 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed M. J. Croghan

Licensed Embalmer No. 2622

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.)