

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

37741  
Do not use this space.

REC'D DEC 12 1938

**1. PLACE OF DEATH**

(a) County..... Registration District No. 791  
 (b) Township..... Primary Registration District No. 1002  
 (c) City St. Louis, Mo. (d) Street No. St. Johns Hospital St.  
 (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** Herbert P. Garstang,

(a) Residence, No. 1928 1/2 Sullivan Ave., St. 26  
 (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 Male 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 Mathilda Garstang,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15th 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 6 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Boiler Maker  
 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) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Richard Garstang  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER 15. MAIDEN NAME Not known  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Mrs. Mathilda Garstang, 1928 1/2 Sullivan Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Barracks Nov. 25th 38

19. FUNERAL DIRECTOR (ADDRESS) Henry Leidner Und. Co. 1417 N. Market Street.

20. SIGNED J. F. Bedeck Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from 11-13, 1938, to 11-20, 1938

I last saw him... alive on 11-20, 1938. Death is said to have occurred on the date stated above, at 11:40 p.m.

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

Carcinoma of bronchus  
Emphysema of lung (pt.)  
Pulmonary hemorrhage

Date of onset  
11-1-38  
11-20-38

Other contributory causes of importance:  
None

Name of operation None Date of None  
 What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? None Date of injury None, 19...  
 Where did injury occur? None (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify None  
 (Signed) H. R. Heffler M. D.  
 (Address) 1943 N. 11th St. St. Louis, Mo.

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.

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

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

\_\_\_\_\_ L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**