

REC'D FEB 10 1939

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

791
1008

947

Do not use this space.

947

1. PLACE OF DEATH

- (a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No.....
(c) City St. Louis (d) Street No. Homer Phillips 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 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Reuben Garrett

- (a) Residence, No. 1541 S 3rd St. 23 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 9 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Porter
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) Alabama13. NAME Ernest Garrett14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Florence Goodman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Evelyn Hilliard
2601 N Whittier18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Jan 31, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Burke Ward
1623 1/2 3rd St20. FILED JAN 30 1939 J.P. Bredbeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 25 19 3922. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 19 39, to Jan. 25, 19 39I last saw him alive on Jan. 25, 19 39 Death is saidto have occurred on the date stated above, at 6:29 p.m.

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

Pulmonary tuberculosis with cavitationDate of onset
1/3/39

Other contributory causes of importance

Name of operation..... Date of.....
What test confirmed diagnosis? clinical Was there an autopsy? yes.....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?.....

If so, specify Wallace J. J. J. M. D.
(Signed) Wallace J. J. J.
(Address) 2601 N Whittier

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Louis V. Atkins

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Louis V. Atkins

Licensed Embalmer No.....

2842

P. O. Address.....

3644 Finney

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.)

If this body is not embalmed, above space should be left blank.