DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

791

State File No. 34762

Registration District No. 1008 Primary Registration District No. _____ Registrar's No. 9300

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo., 14 days (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town St. Louis 25
(If outside city or town limits, write "RURAL")

(d) Street No. 1632a Gay St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Edward Garner 656

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex M 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May (Month) 18 (Day) 1884 (Year)

8. AGE: Years 55 Months 4 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) Unknown 9 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

FATHER
12. Name Edward Garner
13. Birthplace _____ (City, town, or county) Ia. (State or foreign country)

MOTHER
14. Maiden name Sarah Lewis
15. Birthplace _____ (City, town, or county) Ia. (State or foreign country)

16. (a) Informant's own signature Esther M Sherard
(b) Address 2601 N. Whittier

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof 10-17-39 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W. Richter
(b) Address 3500 Rutger

19. (a) OCT 31 1939 (Date received local registrar) (b) J. F. Budich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 10
year 1939 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from 8-26-, 1939, to 10-10-, 1939;
that I last saw him alive on 10-10-, 1939;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~Cerebral Hemorrhage~~	6 Weeks
Due to Hypertensive Heart	4 to 5
Chronic Nephritis	years
Due to Lues	Undetermined
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Henry E Stamplin (M. D. or other) 10-16-
Address 2601 N. Whittier Date signed 1939

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.

Rev. 5-17-39 I X19511

2 — [illegible] 10-17-39

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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.