

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4-446
1276

State File No.

Registration District No. 791 Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis Mo.

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

(c) Name of hospital or institution:
3826 Sullivan Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 3826 Sullivan Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME James Garrity

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Agnes Bond

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

7. Birth date of deceased Dec. 25 1875
(Month) (Day) (Year)

8. AGE: Years 74 Months I Days II If less than one day
hr. _____ min.

9. Birthplace Shreveport La.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name John Garrity

18. Birthplace Kent England
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Reilly

15. Birthplace Cork Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary Garrity
(b) Address 3826 Sullivan Ave

17. (a) Burial (b) Date thereof 2/9/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot & Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) FEB 8 1940
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6 year 1940 hour 6 minute 20 A. M.

21. I hereby certify that I attended the deceased from 2-3rd 1940 to 2-6th 1940
that I last saw him alive on Feb 5th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to complications

Due to Chr. asthma

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration 4 yrs.

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Curton Bohannon (M. D. or other) _____

Address 2642 S. Shaw Date signed 2-7-40

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

OCT 21 1941

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 *Frank H. Howard*

Licensed Embalmer No. 2265

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: