

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33813
Registrar's No. 8510

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2821 Clara Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 0
years, months or days)

3. (a) PRINT FULL NAME Walter A. Garvelman

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Arizona Garvelman
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased June 14 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 4 0 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Dealer

11. Industry or business Self

12. Name August Garvelman

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Knott

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

16. (a) Informant Mrs. W. A. Garvelman

(b) Address 2821 Clara Ave.

17. (a) Burial (b) Date thereof 10-16-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) OCT 15 1940 (b) J. E. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 6
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2821 Clara Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14
year 1940 hour 1 minute 5 A.M.

21. I hereby certify that I attended the deceased from Sept 18
1940 to Oct. 14, 1940
that I last saw him alive on Oct 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arricular fibrillation
Duration 2

Due to 1

Due to 1

Other conditions Pulmonary emboli
(Include pregnancy within 3 months of death)

Major findings: Of operations 1

Of autopsy 1

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 1

(b) Date of occurrence 1

(c) Where did injury occur? (City or town) (County) (State) 1

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1

While at work? (Specify type of place) (e) Means of injury 1

23. Signature H. F. Bergman (M. D. or other) 29. A.

Address 3720 Washington Date signed 10/15/40

Decem 11/13/1918
8:30 to 10 A.M.

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

A. B. Thompson

Registered Apprentice No.

248

working under my personal supervision.

Signed

R. M. Sanford

Licensed Embalmer No.

2273

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.