No. 2
1-10-39
17-39
X21-42

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1941 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 40318

Registrar's No. 10089

1. PLACE OF DEATH:
(a) County St. Louis.
(b) City or town St. Louis, Mo. 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution August 15, 1940
In this community 40yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis.
(c) City or town St. Louis, 13
(If outside city or town limits write "RURAL")
(d) Street No. 5800 Arsenal St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? America. years.

3. (a) PRINT FULL NAME John Garner

3. (b) If veteran, name war Not known

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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) 1860 (Year)

8. AGE: Years 80 Months 7 Days 9 If less than one day hr. min.

9. Birthplace Spring Garden (City, town, or county) Illinois (State or foreign country)

10. Usual occupation No Occupation. 1

11. Industry or business X 1

MOTHER FATHER
12. Name Henry Garner 1
13. Birthplace Illinois. (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Harriett ?
15. Birthplace Illinois. (City, town, or county) (State or foreign country)

16. (a) Informant E. Molony
(b) Address 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-40 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director Wm H Raschedag
(b) Address 2825 No Grand Blvd

19. (a) DEC 9 1940 (Date received by local registrar) (b) J. H. Wedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 9, year 1940. hour 2;45 minute a. M.

21. I hereby certify that I attended the deceased from August 15, 1940 to December 9, 1940 that I last saw him alive on December 9, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death C.N.S. lues	
Tabes-paresis	
Arteriosclerosis, generalized	
Due to Cardiac decompensation	
Hypostatic pneumonia	
Due to Malnutrition	
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?
While at work? (Specify type of place) (e) Means of injury

23. Signature N. R. Bierman M. D. (M. D. or other)
Address CITY INFIRMARY Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Albert G. Hoppe

Licensed Embalmer No. 2971

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.