

3. No. 2
4-13-40
5-17-39
PI X23155

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12877

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3307

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

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: Deaconess Hospital 0
(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)

3. (a) PRINT FULL NAME Bernie A. Garland

3. (b) If veteran, name war. No. 3. (c) Social Security No. 491-14-4588

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Ella Campbell 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased December 18, 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 27 If less than one day
hr. min.

9. Birthplace Dixon, N. Y. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Boot & Shoe worker

11. Industry or business Boyd-Welsh Shoe Co.

MOTHER FATHER { 12. Name ? 9 H 10
13. Birthplace ? 9 H 10
(City, town, or county) (State or foreign country)
14. Maiden name Addie Whitman
15. Birthplace ? 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ella Garland
(b) Address 4001 Washington Blvd.

17. (a) Cremation (b) Date thereof 4/17/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd at Concordia Lane.

19. (a) APP 16 1941 (b) J. W. Sredich
(Date received from informant) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17/19

(c) City or town Saint Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4001 Washington Blvd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1941 hour 7 minute M.

21. I hereby certify that I attended the deceased from 3-15-40
....., 19....., to April 15, 19 41
that I last saw him alive on April 14, 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma sigmoid 2 yrs
which extended into bladder

Due to Pyelonephritis (non calculous)

Due to Infection from bladder 2 yrs

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Carcinoma
Of operations Bladder Bladder
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 0

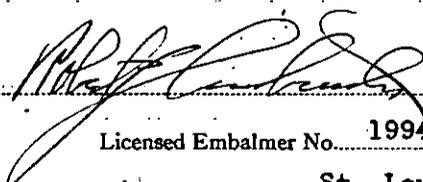
23. Signature J. W. Sredich (M. D. OK)

Address University Club Bldg. Date signed 4/15/41

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. 1994.....

P. O. Address..... St. Louis.

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, fact should be so stated above.