

S. No. 2
-1-4-41
5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

7815

FILED MAR 16 1942

Registrar's No.

545

Registration District No.

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County **ST. LOUIS COUNTY**
(b) City or town **JEFFERSON BARRACKS, MO.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Veterans Administration Facility.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Adm. 2/26/42.**
(Specify whether years, months or days) **Since 2/26/42.**

3. (a) PRINT FULL NAME **David L. GARRETT**

3. (b) If veteran, name war **Spanish-American** 3. (c) Social Security No. **Yes - not**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**
6. (b) Name of husband or wife **Sadie** 6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **January 28, 1880**
(Month) (Day) (Year)

8. AGE: Years **62** Months **1** Days **11** If less than one day hr. min.

9. Birthplace **San Joaquin, California**
(City, town, or county) (State or foreign country)

10. Usual occupation **Janitor**

11. Industry or business

12. Name **Harvey Garrett**
13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Nancy Jane Wright**

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

16. (a) Informant **M. Schuller**

(b) Address **Clinical Clerk, VAF, Jeff. Bks., Mo.**

17. (a) **Burial** (b) Date thereof **3-11-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill**

18. (a) Signature of funeral director **Jay Smith**

(b) Address **2455 Maplewood, Maplewood, Mo.**

19. **MAR - 9 1942** (b) **C. S. McRae**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **96**
(c) City or town **Maplewood** (If outside city or town limits, write "RURAL") **3**
(d) Street No. **2811 Burgess Street.** (If rural, give location)
(e) Citizen of foreign country? **-** (Yes or No)
If yes, name country **-**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **9th.**
year **1942** hour **12:55** minute **a.** M.

21. I hereby certify that I attended the deceased from **February 26, 1942** to **March 9th, 1942**
that I last saw him alive on **March 9th, 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive and coronary arterio-sclerotic heart disease, myocardial damage, myocardial insufficiency, and anginal syndrome.**
Due to **Ulcer, peptic, and Cholelithiasis. Unkn.**

Other conditions **-**
(Include pregnancy within 3 months of death)

Major findings: Of operations **-**

Of autopsy **Autopsy performed. See cause of death.**

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

(a) Accident, suicide, or homicide (specify) **NO**
(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 **L. M. COCHRAN, M.D.** (M.D. or other)

Address **Chief Medical Officer.** Date signed **3/9/42**

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

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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.....

W. J. Burgess

Licensed Embalmer No.

4029

P. O. Address.....

Maplewood

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.