U. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18969

Registration District No. 784 Primary Registration District No. 117 Registrar's No. 1310

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 953 W. Big Bend Rd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 953 W. Big Bend Rd
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Sophia C Garlich
3. (b) If veteran, name war None
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John R Garlich
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 5 (Day) 1864 (Year)

8. AGE: Years 77 Months 7 Days 9 If less than one day hr. min.

9. Birthplace Plum Hill (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER 12. Name William Garlich
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Williams
15. Birthplace (City, town, or county) Ill. (State or foreign country)
16. (a) Informant Mrs. E. Kohley
(b) Address 953 W. Big Bend Rd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis Cem.
18. (a) Signature of funeral director Louis H Bappe Inc.
(b) Address Kirkwood, Mo.
19. (a) JUN 16 1942 (Date received local registrar) (b) C. G. McGuron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1942 hour 7:40 PM minute M.
21. I hereby certify that I attended the deceased from Dec. 10 1941 to June 14 1942 that I last saw her alive on June 14 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to: Osteoarthritis for past nine years	
Due to:	
Other conditions (Include pregnancy within 3 months of death) 94n	
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Arthur W. Westrup (M. D. or other)
Address 204 E. Big Bend, W. G. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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 John M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, Mo.

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.