

FILED AUG 25 1942

791

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25849

Registration District No.

Primary Registration District No.

1003

Registrar's No.

6802

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos. 2 days
(Specify whether
In this community 38 years
years, months or days)

3. (a) PRINT FULL NAME Sarah McCall Garner

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

4. Sex FEMALE 5. Color or race 3 Negro 6. (a) Single, widowed, married, divorced 2 Widow
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
(Month) (Day) (Year)

7. Birth date of deceased..... May 29 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 2 12 hr. min.

9. Birthplace..... Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business.....

12. Name Tan McCall

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

14. Maiden name Unknown

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

16. (a) Informant Hattie McCall

(b) Address 3304 Delmar Blvd.

17. (a) Burial (b) Date thereof Aug 13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Atkins Bros

(b) Address 3644 Finney Ave

19. (a) AUG 13 1942 (b) J. F. Brodeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17 21
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3304 Delmar
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10,
year 1942 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 8, 1942, to August 10, 1942
that I last saw her alive on August 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Hypertensive Heart Disease with Decompensation
Duration Unknown

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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 J. L. Smith (M. D. or other).....

Address 601 Whittier Date signed 8/12/42

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

MOTHER FATHER

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 *Ronald V. Atkins*

Licensed Embalmer No. 2842

P. O. Address 3644 Finley

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.