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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 19 1943

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 12151

Registrar's No. 3160

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: # 37 Vandeventer Place /
(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)

2. USUAL RESIDENCE OF DECEASED:

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12
9 | 9

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. # 37 Vandeventer Place
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME M. Louise Garesche

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 8th., 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	4	24	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Sect. Writer

11. Industry or business

FATHER
12. Name Ferinand L. Garesche
13. Birthplace (City, town, or county) N.Y. / (State or foreign country)

MOTHER
14. Maiden name Rosella Hicks
15. Birthplace (City, town, or county) La. / (State or foreign country)

16. (a) Informant Miss Mary R. Garesche
(b) Address # 37 Vandeventer Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) APR 2 (Date received local registrar) 1943 (b) J. F. Bredeck (Registrar's signature)

701

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd., year 1943 hour 3 minute 30 a. M.

21. I hereby certify that I attended the deceased from April 1st, 1943, to April 2nd, 1943, that I last saw her alive on April 1st, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Left ventricular heart failure	6 hours
Pulmonary edema	6 hrs
Due to	
Due to acute respiratory infection (acute Bronchitis)	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Julius Jensen (M. D. or other) 0

Address 3720 Washington Ave Date signed 4/2/43

(Licensed Embalmer's Statement on Reverse Side)

3720 Washington Blvd.

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.