

S. No. 2  
OM-243  
5-17-39  
P1 X38697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22383  
Registrar's No. 487

Registration District No. 317

Primary Registration District No. 3068

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Maplewood  
(c) Name of hospital or institution:  
7154 Manchester  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community 7 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7154 Manchester  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Luella Garner  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 6 day 24  
year 43 hour 12 minute 15-P M.

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, Divorced Widowed  
6. (b) Name of husband or wife Chris Garner 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased 9 17 1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-11 1943 to 6-24 1943  
that I last saw h.c.k. alive on 6-24 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 9 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Chronic myeloid leukemia Duration 2 yrs.

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

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

10. Usual occupation House Wife

Other conditions Chronic Myeloid Leukemia  
(Include pregnancy within 3 months of death)  
Myeloblasts - acute leukemia  
Major findings:  
Of operations \_\_\_\_\_

11. Industry or business At Home  
12. Name Unknown  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

Of autopsy 1318  
Underline the cause to which death should be charged statistically.

16. (a) Informant Rae Standen  
(b) Address 4399 Chouteau  
17. (a) Home (b) Date thereof 6/28/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation Ellis Grove Illinois  
18. (a) Signature of funeral director A.W. McLaughlin  
(b) Address 2501 Lafayette  
19. (a) JUN 26 1943 (b) W. McFarron M.D.  
(Date received for burial or removal) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature T.R. Usher (M. D. or other) M.D.  
Address 2511 Sutton Ave Date signed 6-25-43

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

76  
35

MAR 27 1941

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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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

**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.**