

FILED SEP 21 1943 18
Registration District No.

Primary Registration District No. 1003

Registrar's No. 8081

1. PLACE OF DEATH:

(a) County
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community _____
years, months or days (Specify whether)

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 11 1924
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 0 28 hr. min.

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

10. Usual occupation School girl

11. Industry or business _____

MOTHER FATHER
12. Name Oral Garner
13. Birthplace Newton County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Alice Vaughn
15. Birthplace Crawford County Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Oral Garner
(b) Address Vandalia, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-9-43
(Month) (Day) (Year)

(c) Place: burial or cremation Mattoon, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) SEP 10 1943 (Date received local registrar) (b) J. J. Bredish (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Fayette
(c) City or town Vandalia
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9
year 1943 hour 10 minute 45 A. M.
21. I hereby certify that I attended the deceased from Sept. 3,
1943 to Sept. 9, 1943
that I last saw her alive on Sept. 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Peritonitis
Malignant tumor of pelvis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Operation not done here
Of autopsy Malignant tumor of pelvis - Peritonitis - Colorado

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 A. C. Abrey (M. D. or other)
Address BARNES HOSPITAL Date signed 9/9/43

PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *G. W. Wilkinson*.....

Licensed Embalmer No..... *3575*.....

P.O. Address.....

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.