

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1098**

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:
4233 Obear
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Nil
(Specify whether
 In this community 72 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4233 Obear
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 1

3. (a) PRINT FULL NAME Fred N. Garbs

3. (b) If veteran, name war No 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Alice Garbs 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased July 25 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 6 7 hr. min.

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

10. Usual occupation Machinist

11. Industry or business Machine Shop

MOTHER FATHER { 12. Name Christ Barbs
 13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Katherine Kunz
 15. Birthplace Unknown Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Garbs

(b) Address 4233 Obear

17. (a) Burial (b) Date thereof 2-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Suedmayer & Sons

(b) Address 3934 N. 20th St.

19. (a) FEB 9 1944 (b) Jo J. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2
 year 1944 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from Mar 14 1942, to Feb 1 1944

that I last saw him alive on Feb 1 1944

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration years
Chronic Endocarditis years

Due to.....

Due to.....

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature John L. Marden (M. D. or other).....

Address 315 N. Vandeventer Ave Date signed 2-3-44

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..... *Alfred J. Bredekin*
Licensed Embalmer No. *2663*
P. O. Address..... *5934 Alpha*

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.