S. No. 2
OM—2-43
v. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 20 1944 318

State File No. 12800

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 3483

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: 14 St. George St.
(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: 000

(a) State Missouri (b) County 17 15

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5429 Dresden
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME John H. Garner

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 Lulu Garner

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Sept. (Month) 15 (Day) 1871 (Year)

8. AGE: Years 72 Months 6 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) Canada 2 (State or foreign country)

10. Usual occupation Foreman

11. Industry or business American Car & Foundry Co.

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Lulu Garner

(b) Address 5429 Dresden St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 15, '44 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director Wacker Helderle & Co

(b) Address 3634 Gravois

19. (a) APR 15 1944 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1944 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from Apr. 20th 1943 to Apr. 12 1944 that I last saw him alive on Apr. 12 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	1 day
Chronic Myocarditis	3 yrs.
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? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature William Demko (M. D. ~~or other~~)

Address 3450 Grevois Ave Date signed 4/14/44

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 7645

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.