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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 22465

FILED JUN 19 1944

Registration District No. 3 1944 — Primary Registration District No. 6076 — Registrar's No. 1295

**1. PLACE OF DEATH:**
(a) County: St. Louis
(b) City or town: Gardenville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Miller Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 (Specify whether years, months or days) In this community:

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: 000
(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 2021 Bredell Avenue 9
(If rural, give location) 1
(e) Citizen of foreign country? (Yes or No): N
If yes, name country:

3. (a) PRINT FULL NAME: Samuel Arthur Garrett
3. (b) If veteran, name war: None
3. (c) Social Security No. 494-03-7669
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Augusta E. Garrett
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: March 5, 1874 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 70 | 3 | 7 | hr. min. |

9. Birthplace: Calavares Co. (City, town, or county) California (State or foreign country)
10. Usual occupation: Painter
11. Industry or business:
FATHER 12. Name: Harvey O. Garrett
13. Birthplace: Unknown (City, town, or county) Illinois (State or foreign country)
MOTHER 14. Maiden name: Jane Wright
15. Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)
16. (a) Informant: Mrs. C. D. Hicks
(b) Address: 2021 Bredell Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 17, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Bellefontaine Cemetery
18. (a) Signature of funeral director: Shepard Funeral
(b) Address: 1167 Hamilton Avenue.
19. (a) JUN 16 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 12th year: 1944 hour: 6 minute: 30 P.M.
21. I hereby certify that I attended the deceased from March 3rd, 1944 to June 12, 1944 that I last saw him alive on June 5th, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral regurgitation — Duration
general paralysis of both lower limbs & bladder
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: J. J. Meredith (M. D. or other) M.D.
Address: 1259 N. Kingshighway Date signed: 6-13-44

707 (Licensed Embalmer's Statement on Reverse Side)

JUL 0 1964

## 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 [signature]

Licensed Embalmer No. 1861

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**