

FILED AUG 8 1944

State File No. 6678

Registration District No. 318

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4760a St. Louis Ave.
(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)

3. (a) PRINT FULL NAME Emma Garrett.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 16, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 2 13 hr. min.

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

10. Usual occupation Housework.

11. Industry or business _____

12. Name John Alexander

13. Birthplace Circleville, Ohio.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Hunter.

15. Birthplace Piquaway, County, Ohio.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jas. Covala

(b) Address 4760a St. Louis Ave.

17. (a) Burial (b) Date thereof July 31, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of Benjamin Wehauer

(b) Address 1431 Union Blvd.

19. (a) JUL 31 1944 (b) J. F. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4760a St. Louis Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1944 hour _____ minute 30 P. M.

21. I hereby certify that I attended the deceased from May 1943
_____ 19 _____ to July 28 1944

that I last saw her alive on 7-28-44 _____ 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Amputation (Lhr)
Septicemia
Septicemia
Due to _____ 5y
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) _____

Address [Address] Date signed 7-29-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

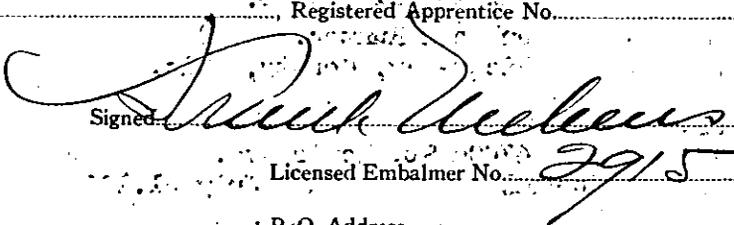
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: 

Licensed Embalmer No. 2915

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.