

FILED NOV 30 1944  
Registration District No. 318

Primary Registration District No. 1003

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

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:  
37 VANDEVENTER PLACE /  
(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:  
(a) State MO. (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. # 37 VANDEVENTER PLACE  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME AMELIA M. GARESCHE  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month NOV. day 17,  
year 1944 hour 2 minute 45 a.m.  
21. I hereby certify that I attended the deceased from Oct. 13-5  
1944 to Nov. 17, 1944  
that I last saw her alive on Nov. 17, 1944  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased SEPT. 19, 1864  
(Month) (Day) (Year)

Immediate cause of death: 5th stroke  
Due to Inoperable Carcinoma of left heart  
Due to 50  
Other conditions: renal anemia  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>1</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace ST. LOUIS MO.  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Physician \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation AT HOME  
11. Industry or business \_\_\_\_\_  
12. Name FERDINAND L. GARESCHE  
13. Birthplace NEW YORK CITY N.Y.  
(City, town, or county) (State or foreign country)  
14. Maiden name ROSELLA M. HICKS  
15. Birthplace NEW ORLEANS LOUISIANA  
(City, town, or county) (State or foreign country)  
16. (a) Informant MISS. LALA GARESCHE  
(b) Address # 37 VANDEVENTER PLACE  
17. (a) BURIAL (b) Date thereof 11-20-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation CALVARY CEMETERY  
18. (a) Signature of funeral director Arthur J. Donnelly  
(b) Address 3840 Lindell Blvd  
19. (a) NOV 18 1944 (Registrar's signature) J. J. Budek  
(Date received local registrar)

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 0  
23. Signature Francis R. Pitman (M. D. or other) \_\_\_\_\_  
Address 5283 Watkinson Dr. Date signed 11-17-44

*Dr. Francis P. ...*  
*5233 ...*  
*3-4*

**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 W. H. VanMatre

Licensed Embalmer No. 2825

P. O. Address. 4340 Lafayette

**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.