S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4254

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 1682

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:
Mo Babtist Hospital 0
(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 Mo (b) County 17

(c) City or town St Louis MO 9 26
(If outside city or town limits, write "RURAL")

(d) Street No. 1918 Palm Str
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Frank P Garger

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Garger

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Oct. 7 Th 1893
(Month) (Day) (Year)

8. AGE: Years 51 ------- Months 4--- Days ~~18~~ 12 -- If less than one day hr. min.

9. Birthplace Austria Hungaria 4
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Con- Ferra Paint Co

FATHER
12. Name Ignatz Garger
13. Birthplace Austria Hungaria 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Unger
15. Birthplace Augustria Hugaria 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Garger
(b) Address 1918 Palm Str 1944

17. (a) Birial (Burial, cremation, or removal) (b) Date thereof Feb 19 Th
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch
(b) Address 3516 N 14 Th

19. (a) FEB 20 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19
year 1945 hour minute M.

21. I hereby certify that I attended the deceased from Jan 10, 1945 to Feb 19, 1945
that I last saw him alive on Feb 19, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis

Due to Carcinoma of G. I tract

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Gen peritonitis & Carcinoma of Omentum
Of autopsy Primary in Omentum

Duration

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 C H Kilker (M.D. or other)

Address 3121 N Grand Date signed 2/20/45

(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.....

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.