S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1945

Registration District No. 161

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13719

Primary Registration District No. 5594

Registrar's No. 1650

1. PLACE OF DEATH:

(a) County JEFFERSON.

(b) City or town RURAL. Missouri

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Josephs Hill Infirmary

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community 1-year-11-months. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JEFFERSON

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. St Josephs Hill Inf. Eureka Mo. Apt 3 (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Eli Garner.

3. (b) If veteran, name war no.

3. (c) Social Security No. none.

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Awyer.

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

7. Birth date of deceased 6 (Month) — 23 (Day) — 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
84	6	1	..... hr. ..... min.

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

10. Usual occupation Farmer, Retired.

11. Industry or business .....

FATHER
12. Name Eli Garner.
13. Birthplace ? (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Kenney
15. Birthplace ? (City, town, or county) (State or foreign country)

16. (a) Informant Brother Patrick

(b) Address St Josephs Hill Eureka

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/44 (Month) (Day) (Year)

(c) Place: burial or cremation Byrnesville St Columbs Hills Cem

18. (a) Signature of funeral director John H. Brummer

(b) Address House Springs Mo

19. (a) 2-23-46 1945 (Date received local registrar) (b) J A Townsend (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22 year 1945 hour ..... minute 2:00 P.M.

21. I hereby certify that I attended the deceased from May 2, 1944, to February 22, 1945, that I last saw him alive on February 13, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	years
Due to Chronic hypertension Sclerosis	years
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 John L. Marder MD (M. D. or other)

Address 3154 N. Vandeventer Ave St Louis Mo Date signed 2-23-45

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 4-1
Date Filed 4-20-45

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 John H. Brummer

Licensed Embalmer No. 1470

P. O. Address House Springs Mo

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.