

FILED JAN 11 1946

STANDARD CERTIFICATE OF DEATH

Registration District No. 318

Primary Registration District No. 1003

11735

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:
City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 1/2 months
(Specify whether
In this community 2 1/2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5336 Bulwer
(If rural, give location)
(e) Citizen of foreign country? American (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Willie Garth

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race col. 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Ed. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 3, 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name Steven Jackson
13. Birthplace Ky. (City, town, or county) (State or foreign country)
14. Maiden name Harriett ?
15. Birthplace Ky. (City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal St.

17. (a) Buried (b) Date thereof 1-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Urupwood

18. (a) Signature of funeral director A. G. Beal

(b) Address 1226

19. (a) JAN 4 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 2, 1945
_____, 19____, to Dec. 31, 1945, 19____;
that I last saw her alive on Dec. 30, 1945, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Organic Brain disease x 2945 1945

Due to Generalized arteriosclerosis 2944

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Edwin Bruce Rowden (M. D. number) _____
Address 5800 Arsenal Date signed 12-31-45

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 *W. Richards*.....

Licensed Embalmer No. *2928*.....

P. O. Address *City*.....

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.