

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36471

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **315**
Registrar's No. **279**

FILED JAN 21 1946
Registration District No. **318**

Primary Registration District No. **1002**

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:
Homer G Phillips Hospital **0**
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution..... **8 days**
(Specify whether in this community..... **HOYRS.** years, months or days)

3. (a) PRINT FULL NAME **Tennessee Rome Garrett**

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

4. Sex..... **FEMALE** 5. Color of race..... **Col** 6. (a) Single, widowed, married, divorced..... **Widowed**

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

7. Birth date of deceased **UNKNOWN** **ABT** (Month) (Day) (Year)

8. AGE: Years **ABT 64** Months Days If less than one day

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

10. Usual occupation..... **NI**

11. Industry or business.....

12. Name..... **UNKNOWN**

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

14. Maiden name..... " " (City, town, or county) (State or foreign country)

15. Birthplace..... " " (City, town, or county) (State or foreign country)

16. (a) Informant..... **Ev Brooks**
(b) Address..... **2807 Bacon St**

17. (a) Burial, cremation, or other..... **Washington Park** (b) Date thereof..... **11-46** (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... **Bennie Love**
(b) Address..... **3103 Washington**

19. (a) **JAN 9 1946** (Date received local registrar) (b) **Jordan** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **St. Louis**

(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **2935 Thomas** (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **5** year **1946** hour **10** minute **x** P. M.

21. I hereby certify that I attended the deceased from **12-28-** 19**45** to **1-5** 19**46**;
that I last saw h. **er** alive on **1-6-** 19**46**;
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Degenerative Heart Disease with Acute Failure**

Due to.....

Due to.....

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy..... **No**

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..... **O. L. Daniels** (M. D. or other)
Address..... **2601 N Whittier** Date signed..... **1/7/46**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
2522

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..... *H. Claude Gordon*

Licensed Embalmer No. *3487*

P. O. Address *45-75 Aldine*

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.