

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2115**

Registration District No. **42** Primary Registration District No. **1000** Registrar's No. **86**

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
In route to hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **54 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Buchanan** //
(c) City or town **St. Joseph** /
(If outside city or town limits, write "RURAL")
(d) Street No. **Robidoux Hotel** /
(If rural, give location) **7**
(e) Citizen of foreign country? **no** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Edith Walbridge Garlich**
3. (b) If veteran, name war **none**
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan.** day **21**
year **1946** hour **6** minute **25** P. M.

4. Sex **female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **widow**
6. (b) Name of husband or wife **Fred A.H. Garlich**
6. (c) Age of husband or wife if alive **8** years
7. Birth date of deceased **October 8 1869**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 19 1946** to **Jan 21 1946**
that I last saw him alive on **Jan 21 1946**
and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE: Years **76** Months **3** Days **13**
If less than one day _____ hr. _____ min.

Duration
Due to **Coronary Thrombosis** **Schm**
Arteriosclerosis **1 hr**
Due to **Coronary Artery** **1 hr**

9. Birthplace **Cairo Illinois /**
(City, town, or county) (State or foreign country)
10. Usual occupation **at home**

Other conditions _____
(Include pregnancy within 3 months of death)

MOTHER FATHER {
11. Industry or business _____
12. Name **Egbert E. Walbridge**
13. Birthplace **Batoria New York /**
(City, town, or county) (State or foreign country)
14. Maiden name **Ann Eliza Tuthill**
15. Birthplace **Landgrove Vermont /**
(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.

16. (a) Informant **Lorren W. Garlich**
(b) Address **St. Joseph, Mo.**
17. (a) **burial** (b) Date thereof **1/24/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Mora Cemetery**
18. (a) Signature of funeral director **Walter Beale & Bowman**
(b) Address **St. Joseph, Mo.**
19. (a) **Jan. 25, 1946** (b) _____
(Date received local registrar) (Registrar's signature)

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 **W. A. Alkerman** (M. D. or other) **M.D.**
Address **St. Joseph, Mo.** Date signed **1/25/46**

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

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Dr. J. M. Allaman
Central Bldg.

MAR 8 1946

MAR 27 1946

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 219 Jan 46
....., Registered Apprentice No. ✓
working under my personal supervision.

Signed Harold Bowman
Licensed Embalmer No. 3619
P. O. Address St. Joseph 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.