V. S. No. 2
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ev. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3991

Registration District No. 317 Primary Registration District No. 3066 Registrar's No. 110

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 124 N. Dickson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 124 N. Dickson
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Sophia Garrett
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles Garrett
6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased Dec (Month) 26 (Day) 1859 (Year)
8. AGE: Years 86 Months — Days 15 If less than one day ..... hr. ..... min.
9. Birthplace Gasconade Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation At Home
11. Industry or business .....
MOTHER FATHER
12. Name Henry Sattler
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Anna Puchta
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Bernice A Mueller
(b) Address 307 Marshall, Jef City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-46 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem
18. (a) Signature of funeral director Louis H Bopp Sr
(b) Address Kirkwood Mo
19. (a) 1-14-46 (Date received local registrar) (b) Don C Barnes M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10 year 1946 hour 3 minute 45 P.M.
21. I hereby certify that I attended the deceased from Dec 21/44 ....., 19..., to Jan 10 ....., 1946 that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia	2 days
Due to Cerebral decompensation	
Due to Infirmities of age	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations X
Of autopsy X

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? X (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 Robert H Armsby (M. D. or other) MD
Address 3161 N. Newstead St Date signed 1-12-46
St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

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

1970

FEB 24 1947

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.....Felix Durand.....

Licensed Embalmer No.....3034.....

P. O. Address.....Kirkwood 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.