

FILED APR 5 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3001**

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 Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 3 yrs. 5 mos. 29 ds.
(Specify whether
In this community..... 13 yrs.
years, months or days)

3. (a) PRINT FULL NAME CHARLES GARNETT

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

4. Sex Male 2 5. Color or race Col 6. (a) Single, widowed, married, divorced Mar Wid
6. (b) Name of husband or wife..... Cora Garnett 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... October 9 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 5 18 hr. min.

9. Birthplace not given Kentucky /
(City, town, or county) (State or foreign country)

10. Usual occupation..... Laborer

11. Industry or business.....

MOTHER FATHER
12. Name..... August Garnett
13. Birthplace..... not given Kentucky /
(City, town, or county) (State or foreign country)
14. Maiden name..... Henrietta LaFrage
15. Birthplace..... not given Kentucky /
(City, town, or county) (State or foreign country)

16. (a) Informant..... T. Singer
(b) Address..... 5400 Arsenal St.

17. (a) (b) Date thereof..... April 3
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... Greenwood

18. (a) Signature of funeral director..... W. B. ...
(b) Address..... 1003 N. Gallier Ave

19. (a) MAR 30 1946 (b) J. F. ...
(Date received local registrar) (Registrar's signature)

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..... 5400 Arsenal
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 27 day 27
year 1946 hour 8.35 minute A M.

21. I hereby certify that I attended the deceased from Feb. 15
15, 1946, to March 27, 1946;
that I last saw h. im alive on March 27, 46;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Arteriosclerotic Heart Disease 1942x

Due to..... Senility

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

Duration

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..... Jack R. ... (M. D. or other).....
Address..... 5400 Arsenal Date signed 3/27/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
10059

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.....

Clark Young

Licensed Embalmer No. *3371*

P. O. Address. *S. J. Young*

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.