

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2511

FILED JAN 23 1947
318

State File No. _____

Registration District No. _____ Primary Registration District No. _____

1003

Registrar's No. 181

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
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. 4900 West Pine Blvd.,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th.
year 1947. hour 1:35 minute A. M.
21. I hereby certify that I attended the deceased from Dec 27
1946 to Jan 6 1947
that I last saw him alive on 1-5- 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Broncho Pneumonia
Due to _____
Massive gastric hemorrhage
Due to _____
Varicosities?
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME JAMES J. GARLAND.

3. (b) If veteran, name war None. 3. (c) Social Security No. None.

4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Mattie L. Garland. 6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased March 4, 1863.
(Month) (Day) (Year)

8. AGE: Years 83. Months 10. Days 2. If less than one day hr. _____ min. _____

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

10. Usual occupation Retired.

11. Industry or business Oil Processor.

12. Name Patrick J. Garland.

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

14. Maiden name Eleanor Kennedy.

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

16. (a) Informant J. S. Bradfield.

(b) Address 454 Bellerive Blvd.,

17. (a) Interment. (b) Date thereof 1/8/47.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address JAN #72384 Delmar Blvd.,

19. (a) JAN 7 1947 (b) J. S. Bradfield
(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. 0

23. Signature Martin F. Kowri (M. D. or other) _____
Address 319 Metropolitan Bldg Date signed 1/6/47

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

MOTHER FATHER

Dr Martin F. Kouri,
Metropolitan Bld'g.,
NE: 9924.
Res: 4910 West Pine Blv'd.,
RO: 3500.
4-6

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

Raymond L. Harris

Licensed Embalmer No.

4330

P. O. Address

Maplewood, N.J.

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.