S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 22 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18853 4835

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No.

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 Enroute to St. Louis City Hospital (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) 2
In this community

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. 4049 Washington Blvd. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 19
If yes, name country

3. (a) PRINT FULL NAME Henry Carl Garnett
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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 16 (Day) 1885 (Year)

8. AGE: Years 61 | Months 5 | Days 26 | If less than one day hr. min.
9. Birthplace Marion (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Merchant
11. Industry or business Live Stock Commissioner
FATHER 12. Name Israel Garnett
13. Birthplace Marion (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Agnes Longan
15. Birthplace Kliever (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Hermon Garnett
(b) Address California, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/47 (Month) (Day) (Year)
(c) Place: burial or cremation California, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) MAY 13 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th year 1947 hour 6 minute 36 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull
Subarachnoid hemorrhage
Strain when he collapsed
Due to Alleg. Mississippi Valley Stock Yards, Alleg. Negligence
Due to Street fall May 12 1947 about 6:30 a.m.
Duration

Other conditions (Include pregnancy within 3 months of death) While death was due to the fracture of skull
Major findings: Due to the fracture of skull
Of operations
Of autopsy

PHYSICIAN: Date of the cause of which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (Specify) Per Verdict
(b) Date of occurrence May 12 1947
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Street
While at work? (Specify type of place) (e) Means of injury Fall
23. Signature Deputy Coroner (M. D. or other)
Address Date signed 5/13/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 By W Wilkinson

Licensed Embalmer No. 3571

P. O. Address _____

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.