S. No. 2
M—1/47
r. 5-17-39

#80152

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

43046

State File No.

FILED JAN 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11774

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(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 000

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1019 Allen Av 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME CHESTER GARNER

3. (b) If veteran, name war

3. (c) Social Security No.

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 October (Month) 4 (Day) 1947 (Year)

8. AGE: Years 0 Months 2 Days 21 If less than one day hr. min.

9. Birthplace Lafe Arkansas (City, town, or county) (State or foreign country) 1

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Henry Garner
13. Birthplace 1019 Allen Av (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Lucille Hubble
15. Birthplace Black Oak Arkansas (City, town, or county) (State or foreign country) 1

16. (a) Informant Henry Garner
(b) Address 1019 Allen Av

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/47 (Month) (Day) (Year)
(c) Place: burial or cremation Providence Arkansas

18. (a) Signature of funeral director Wm C Mayfield Und
(b) Address 1926 Allen Av

19. (a) DEC 26 1947 (Date received local registrar) (b) J. F. Brecheck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25th year 1947 hour 5 minute 20 P M.

21. I hereby certify that I attended the deceased from 12/4/47, 19, to Dec. 25th 1947 that I last saw him alive on Dec. 25th 1947 and that death occurred on the date and hour stated above.

Immediate cause of death circulatory failure

Due to Parenteral Diarrhea

Due to

Other conditions (Include pregnancy within 3 months of death) 119

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline 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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John L Plummer (M. D. or other) M.D.

Address 1515 Lafayette Date signed 12/26/47

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 Mr

..... Registered Apprentice No. [redacted],

working under my personal supervision.

Signed Benj. L. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Ave.

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.