

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

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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14102**  
Registrar's No. **4294**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Infirmary  
(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)

3. (a) PRINT FULL NAME Mary Garner  
3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_

4. Sex Fem. 5. Color or race Col.  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased Unknown 1891  
(Month) (Day) (Year)

8. AGE: Years abt 57 Months Unknown Days \_\_\_\_\_ If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Oceola Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Robert Speed

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

14. Maiden name Neal

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

16. (a) Informant Jettie Hennings

(b) Address 1631 Russell, E. St. Louis, Ill.

17. (a) Removal (b) Date thereof 5-7-48  
(City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation St. Clair County Ill

18. (a) Signature of funeral director [Signature]

(b) Address 3517 Laclede

19. (a) MAY 7 1948 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Ill. (b) County St. Clair 999  
(c) City or town E. St. Louis, Ill. 11  
(If outside city or town limits, write "RURAL.") 0  
(d) Street No. 1631 Russell Ave. 2  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 4  
year 1948 hour 10 minute 35 M.

21. I hereby certify that I attended the deceased from 2/3/22 to 5/4 1948  
that I last saw him alive on 5/3 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death gangrene of left leg  
Due to arterial occlusion  
Due to Causes of left breast

Duration

Other conditions (Include pregnancy within 3 months of death) 50

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address East St. Louis, Ill Date signed 5/6/48

**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



Licensed Embalmer No. 1173

P. O. Address 3517 Cascade Dr

**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.**