

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 21 1948

State File No. **20867**
Registrar's No. **5406**

Registration District No. **318**

Primary Registration District No. **1003**

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:
6028 N. Broadway
(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 **Angie Garner**
3: (b) If veteran, name war **None** 3: (c) Social Security No. **None**
4. Sex **Female** 5. Color or race **White** 6: (a) Single, widowed, married, divorced **Married**
6: (b) Name of husband or wife **John** 6: (c) Age of husband or wife if alive **73** years
7. Birth date of deceased **July 5 1973**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 11 8 hr. min.

9. Birthplace **Edmondson County Ky.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown** 9
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16: (a) Informant **Mission Pearl Garner**
(b) Address **6028 N. Broadway**

17: (a) **Burial** (b) Date thereof **6-17-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Friedens Cemetery**

18: (a) Signature of funeral director **Math. Hermann & Son, Inc.**
(b) Address **2161 E. Fair Ave**

19: (a) **J. F. Bradea** (b) **J. F. Bradea**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. **6028 N. Broadway** 9
(If rural, give location) 0
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **13**
year **1948** hour **11** minute **30** P. M.
21. I hereby certify that I attended the deceased from **9-6-47**
19 **6-2-48** 19 _____
that I last saw her alive on **6-2-48** 19 _____
and that death occurred on the date and hour stated above

Immediate cause of death **Coronary Occlusion** Duration **months**
Hypertension Not Known

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury **90**
23. Signature **Russell Glasser** (M. D. or other) **DO**
Address **4032 W. Florissant** Date signed **6/14/48**

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

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 William G. Burkholder

Licensed Embalmer No. 2116

P. O. Address St. Louis, Mo.

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.