

FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

27723

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No.

7573

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 **4714 Ashland Court**
(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 **D. Franklin Garber**

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 **married**
6. (b) Name of husband or wife **Bertha J. Garber** 6. (c) Age of husband or wife if alive **66** years
7. Birth date of deceased **Aug. 30 1872**
(Month) (Day) (Year)

8. AGE: Years **75** Months **11** Days **26** If less than one day hr. min.

9. Birthplace **Butler Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Attorney**

11. Industry or business _____

12. Name **Henry Garber** 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 **Bertha Garber**

(b) Address **4714 Ashland Ct.**

17. (a) **burial** (b) Date thereof **8-30-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

19. (a) **AUG 30 1948** (b) **J. F. Bradeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **600**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **4714 Ashland Court** **9**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** **26th** day
year _____ hour **1:30** minute **0** M.

21. I hereby certify that I attended the deceased from **July 14th**
_____ 19 **48** to **Aug 26th** 19 **48**
that I last saw him alive on **Aug 26th**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Apoplexy**
Pericardial Effusion
Coronary Arteriosclerosis
Due to **Arterio Sclerosis**

Due to **30**
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) (e) Means of injury _____

23. Signature **E. A. Schumacher** M. D. **Just**
Address **4470 North Bridge** Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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

Warren G. Carver

Licensed Embalmer No.

3534

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.