

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27724  
Registrar's No. 7577

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:  
4129 Dressell Avenue.  
(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)

3. (a) PRINT FULL NAME Charles E. Garrard.

3. (b) If veteran, name war None  
3. (c) Social Security No. 489-07-4536

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 May 25, 1881.  
(Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 3 If less than one day hr. min.

9. Birthplace London, England.  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk (Retired)

11. Industry or business Western Union

12. Name Charles Garrard.

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

14. Maiden name Caroline Humphry.

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

16. (a) Informant Mrs. Nellie M. Garrard.

(b) Address 4129 Dressell Avenue.

17. (a) Burial (b) Date thereof 8-28-1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

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

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. 4129 Dressell Avenue.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28th.  
year 1948 hour 3 A.M. minute M.

21. I hereby certify that I attended the deceased from 1-15, 1947, to 8-28, 1948.  
that I last saw him alive on 8-13-1948, and that death occurred on the date and hour stated above.

Immediate cause of death Duration

Due to Craniocerebrovascular  
Due to Central Sclerosis

Other conditions (Include pregnancy within 3 months of death) 9/4/48

Major findings: Of operations

Of autopsy

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 Carl J. Hess (M. D. or other)  
Address Humboldt Bldg Date signed 8-28-48

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

MOTHER, FATHER

Dr. Carl J. Reis.  
Humbolt Bldg.  
Hours 1 to 5 P.M.  
Jefferson 1800

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**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. ....

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.**