

Registration District No. 317

Primary Registration District No. 3068

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2625 Hope Ave.
(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 Roma Caleb 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 Married

6. (b) Name of husband or wife Mary Lorraine

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased June 3, 1898
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
50	5	16	hr. _____ min. _____

9. Birthplace Oakland, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Music teacher

11. Industry or business _____

MOTHER FATHER

12. Name John R. Garner

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ellen Hill

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mary L. Garner

(b) Address 2625 Hope Ave.

17. (a) Burial (b) Date thereof 11-22-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7156 Manchester Ea.

19. (a) 11-22-48 (b) Shirley B. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 9/2

(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL")

(d) Street No. 2625 Hope Ave. 3
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
year 1948 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from AHC
1948 to Nov. 19 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac arrest

Due to Myocardial Chronic 8 yrs
93d

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? D

While at _____ (Specify type of place)

(e) Means of injury _____

23. Signature Shirley B. ... (M.A.D. or other)
Address 350 B Olive St. Date 11-19-48

FEB-23-1949

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 J.P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.