

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35792
State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 4210

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Hights</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>()</u>		d. STREET ADDRESS (If rural, give location) <u>4959 Wise Ave.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			
3. NAME OF DECEASED a. (First) <u>EDITH</u> (Type or Print)		b. (Middle) <u>GARRETT.</u> c. (Last)	
4. DATE OF DEATH <u>Oct. 21, 1949.</u> (Month) (Day) (Year)			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 31, 1893.</u>
9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Christ Autzen</u>		13b. MOTHER'S MAIDEN NAME <u>Victoria Tesson</u>	
14. NAME OF HUSBAND OR WIFE <u>George Garrett Sr.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>George Garrett, 4959 Wise Ave.,</u>		ADDRESS	
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hodgkins Disease, stomache Hoemorrhage</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>Aug 2, 1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Hodgkins Disease, Cholecystites.</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 26th 1948</u> , to <u>Oct 21, 1949</u> , that I last saw the deceased alive on <u>Oct 20th, 1949</u> , and that death occurred at <u>8:40 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>James P. [Signature]</u> (Degree or title)		23b. ADDRESS <u>(634 North Grand</u>	
23c. DATE SIGNED <u>10/21/49</u>			
24a. BURIAL / CREMATION / REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 24/49.</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-22-49</u>		REGISTRAR'S SIGNATURE <u>Herbert [Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Los. W. Clark, 1125 Hodiamont Ave.,</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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Dr. J.P. Wade,
Mo. Theatre. Bldg.,
1-4 P.M. JE. 8620.

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Alfred J. Prodeker*

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiament Ave.,

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.