No. 300
10.48

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

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39506

State File No. 3963

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. ~~3070~~ Registrar's No. 4363

96 2 3

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (In this place): 2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis. Co. Hospt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webster Groves 19
d. STREET ADDRESS (If rural, give location): 1400 S. Rock Hill Rd

3. NAME OF DECEASED (Type or Print): a. (First) Susie b. (Middle) Etta c. (Last) Garrison

4. DATE OF DEATH: (Month) 11 (Day) 10 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Apr. 5 1875

9. AGE (In years last birthday): 74 — If under 1 year: Months 7 Days 5 — If under 1 hr.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Near Russellville Ark

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Fielding Guthrie

13b. MOTHER'S MAIDEN NAME: Sarah Davidson

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Dorothy Dugger 1400 So Rock Hill Road

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arterio-sclerotic Cardio-Vascular
DUE TO (c) Disease

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Fracture, simple, left hip — 331X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 331X

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) Web. Groves (COUNTY) St. Louis (STATE) Mo

21d. TIME OF INJURY (Month) 11 (Day) 6 (Year) 49 (Hour) 5 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR? Fall in Bedroom

22. *I hereby certify that I attended the deceased from* 11-8-, 1949, *to* 11-10-, 1949, *that I last saw the deceased alive on* 11-10-, 1949, *and that death occurred at* 6 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Belmont R. Theils M.D.

23b. ADDRESS: 601 Brentwood Clayton

23c. DATE SIGNED: 11-10-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 11-10-49

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Russellville Arkansas

DATE REC'D BY LOCAL REG.: 11-10-49

REGISTRAR'S SIGNATURE: Herbert R. Wonke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Mittelberg, Webster Groves Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Albert E. Hoppe

Licensed Embalmer No. 7971

P. O. Address St. Louis

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.