

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7139

State File No. _____

317

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 6076 Registrar's No. 637

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> COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marvland Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Robertson</u>	
c. LENGTH OF STAY (in this place) <u>50 Yrs.</u>		400' A	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Marvland Heights Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1 Box 232</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George T.</u> b. (Middle) <u>Garratt</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>3)9)50</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>1)16)1884</u>		9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Darnstown Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Walter E. Garrett</u>		13b. MOTHER'S MAIDEN NAME <u>Roberta Thrift</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine Garrett</u>	
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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>496-14-2082</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harriet Garrett Maryland Heights Mo</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cause unknown</u>			INTERVAL BETWEEN ONSET AND DEATH <u>unk</u>
		ANTECEDENT CAUSES Morbidity 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		19b. MAJOR FINDINGS OF OPERATION		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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Herbert R. Romke</u> (Type name or title) <u>Registrar - Vital Statistics</u>		23b. ADDRESS <u>651 So. Brentwood Blvd</u> <u>St. Louis Co. Health Dept.</u>		23c. DATE SIGNED <u>3/13/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3)13)50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion Ev. Lutheran Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Marvland Heights Mo.</u>	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAR 11 1950</u> <u>Herbert R. Romke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Collier's Funeral Home</u> <u>10123 St. Char. R. & L.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Sheldon Collier*

Licensed Embalmer No. *3382*

P. O. Address *10123 St. Charles R.*

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.