

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42267
State File No. 10788
Registrar's No.

BIRTH NO. REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5718 Mimika		d. STREET ADDRESS (If rural, give location) 5718 Mimika	

3. NAME OF DECEASED (Type or Print) a. (First) Mathias	b. (Middle)	c. (Last) Garger	4. DATE OF DEATH (Month) (Day) (Year) 12 18 1950
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-24-1881	9. AGE (In years last birthday) 69	# UNDER 1 YEAR Months	# UNDER 10 HRS. Hour	# UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Janage laborer	10b. KIND OF BUSINESS OR INDUSTRY Krey Packing Co	11. BIRTHPLACE (State or foreign country) Austria	12. CITIZEN OF WHAT COUNTRY? U.S
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13a. FATHER'S NAME Steve Garger	13b. MOTHER'S MAIDEN NAME Theresa Unger	14. NAME OF HUSBAND OR WIFE Anna Garger
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 494-09-2874A	17. INFORMANT'S SIGNATURE OR NAME Anna Garger - 5718 Mimika	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lympho Sarcoma</u>		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) _____ DUE TO (c) _____		
11. 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"/>
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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)
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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? <u>Fall</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on Dec 16, 1950, and that death occurred at 1 AM m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. B. Frazier</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>3504 71st</u>	23c. DATE SIGNED <u>Dec 18 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 20 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>
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DATE REC'D BY LOCAL REG. <u>DEC 18 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Frazier</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward Koch + son</u>	ADDRESS <u>2076 E. 14</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ronald Yalunke

Signed.....

Student Embalmer

Licensed Embalmer No..... *3917* 77

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.