

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 27 1951

318

1003

State File No.

3265

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>11 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2059</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Baptist Hosp</u>				4. STREET ADDRESS (If rural, give location) <u>6234 Washington</u>					
3. NAME OF DECEASED (Type or Print) <u>Robert Peel Garrett</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>April 5, 1951</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 7, 1871</u>		9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tres.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Bridge & Iron</u>		11. BIRTHPLACE (State or foreign country) <u>Mound City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>James Garrett</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Skillicorn</u>		14. NAME OF HUSBAND OR WIFE <u>Irene Cowan</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WWI</u>		16. SOCIAL SECURITY NO. <u>YES</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robt. C. Garrett 6234 Washington</u>					
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>Arteriosclerotic heart disease</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. <u>Parkinsonism</u>				INTERVAL BETWEEN ONSET AND DEATH <u>at least 5 years</u>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H2O</u>					
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>42</u> , to <u>Apr. 5</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Apr. 4</u> , 19 <u>51</u> , and that death occurred at <u>10:30 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Robert W. Smith</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>114 N. Taylor</u>		23c. DATE SIGNED <u>4/5/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>April 7, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mound City Cemetery. Mound City, Mo.</u>		24d. LOCATION (City, town, or county) (State) _____			
DATE RECD BY LOCAL REG. <u>Apr 7 1951</u>		REGISTRAR'S SIGNATURE <u>J B Laanta</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alexander & Sons 6175 Delmar</u>					

26 1967

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 Joseph E. McCulloch

Licensed Embalmer No. 2760

P. O. Address 6176 Dellman

2265

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.