

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 8 - 1951

State File No. **39020**
10603
Registrar's No. **10603**

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 10603	
1. PLACE OF DEATH a. COUNTY XXXXXXXXXXXXXXXXXXXX			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 11 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis <i>2213</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2741 Delmar Blvd			e. STREET ADDRESS (If rural, give location) 2741 Delmar Blvd.		
3. NAME OF DECEASED (Type or Print) a. (First) Irving		b. (Middle) Lawrence		c. (Last) Garner	
4. DATE OF DEATH (Month) (Day) (Year) Nov. 26 1951		5. SEX Male		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) separated		8. DATE OF BIRTH Sept. 14, 1904		9. AGE (in years last birthday) 47	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender		10b. KIND OF BUSINESS OR INDUSTRY Bonds Company		11. BIRTHPLACE (State or foreign country) Festus, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Gideon Garner		13b. MOTHER'S MAIDEN NAME Sarah Evelyn Barnes	
14. NAME OF HUSBAND OR WIFE Almeta Garner		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.	
17. INFORMANT'S SIGNATURE OR NAME Mary Barry Fuller		ADDRESS 2741 Lucas Ave.			
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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Embarrassment produced by massive pleural effusion, bladder & prople of stomach. DUE TO (b) melancholia of liver DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH 10603
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? 151X	
22. I hereby certify that I attended the deceased from 11-25-1951 , to 11/26/1951 , that I last saw the deceased alive on 11-25- , 1951, and that death occurred at 230 m., from the causes and on the date stated above. 11-27-51					
23a. SIGNATURE J. F. Winters (Degree or title)			23b. ADDRESS 2743 Franklin St. Mo.		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Nov. 30/51		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion	
24d. LOCATION (City, town, or county) (State) Festus, Mo.		DATE REC'D BY LOCAL REG. NOV 29 1951		REGISTRAR'S SIGNATURE J. Earl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Dement & Son		ADDRESS 2629-31 Cole St.			

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

NOV 5 1958

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 H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.