

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29473

State File No.

FILED AUG 23 1952

318

REG. DIST. NO: PRIMARY REG. DIST. NO. 1003 Registrar's No. 7423

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2100	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2		c. LENGTH OF STAY (In this place) 10 Yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital		d. STREET ADDRESS (If rural, give location) 13 5400 Arsenal St.	
3. NAME OF DECEASED (Type or Print) a. (First) MORRIS b. (Middle) c. (Last) GARBE R		4. DATE OF DEATH (Month) (Day) (Year) August 3 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Singl	8. DATE OF BIRTH July 4, 1901
9. AGE (In years last birthday) 51		10. KIND OF BUSINESS OR INDUSTRY Bookkeeping	11. BIRTHPLACE (City and State or Foreign Country) Louisiana
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeping		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Sam Garber		13b. MOTHER'S MAIDEN NAME Cecile Stockner	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cecile Lawson 3415 St. Gregory La.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH few min.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) Recurrent episodes coronary occlusion 3 yrs.			
DUE TO (c) Myocardial degeneration			
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 checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from Jan. 1 1952 , to August 3 1952 , that I last saw the deceased alive on August 3 1952 , and that death occurred at 5:05a m., from the causes and on the date stated above.			
23a. SIGNATURE Philip M. Sob, M.D.		23b. ADDRESS 5400 Arsenal St.	
23c. DATE SIGNED 8/3/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/5/52	
24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. AUG 4 1952		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Collier's Funeral Home		ADDRESS 10123 St. Charles	

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chas.

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.