

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29476

1952 SEP 8 - 1952

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1003

State File No. ....

Registrar's No. **7833**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. ....	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>2109</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>0</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>3631 Utah Pl.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>16 3631 Utah Pl.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Leo</b> b. (Middle) <b>V.</b> c. (Last) <b>Garvin</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8-15-52</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>8/21/95</b>	9. AGE (In years last birthday) <b>56 yrs.</b>	IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Medical Doctor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Pvt. Practice</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ottumwa, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>P. Garvin</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine O'Hara</b>		14. NAME OF HUSBAND OR WIFE <b>Dorothy Jacobs Garvin</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.I</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dorothy Garvin 3631 Utah Pl.</b>			
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) <b>Cerebral Hemorrhage</b>  ANTECEDENT CAUSES <b>Probably High Blood Pressure.</b> 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.				INTERVAL BETWEEN ONSET AND DEATH <b>few hrs</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>None</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE <b>None</b>		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) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>331X</b>			
22. I hereby certify that I attended the deceased from <b>Jan</b> , 19 <b>50</b> , to <b>Aug 15</b> , 19 <b>52</b> ; that I last saw the deceased alive on <b>Aug 15</b> , 19 <b>52</b> , and that death occurred at <b>11:10 PM</b> from the causes and on the date stated above.							
23a. SIGNATURE <b>Shornell</b> (Degree or title)				23b. ADDRESS <b>MD 488 Humboldt</b>		23c. DATE SIGNED <b>8/16/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8/19/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Br. Mo.</b>		
DATE REC'D BY LOCAL REG. <b>AUG 18 1952</b>		REGISTRAR'S SIGNATURE <b>Charles Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>M.E. Schnur 3125 Lafayette</b>			

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

mab (Licensed Embalmer's Signature on Reverse Side)

**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 B. Williams*

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette St. S. D.*

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.