

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

FILED OCT 15 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____ 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) 36 yrs. d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital e. STREET ADDRESS (If rural, give location) 21 1449 Webster 22190

3. NAME OF DECEASED a. (First) Cora b. (Middle) _____ c. (Last) Garnett 4. DATE OF DEATH (Month) (Day) (Year) 9 29 53

5. SEX Female 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Apr. 16, 1880 9. AGE (In years last birthday) 73 5 13 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and State or Foreign Country) Hopkinsville, Kentucky 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME (Unknown) Williams 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mrs. Rose King ADDRESS 1449 Webster Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease with Congestive Failure
ANTECEDENT CAUSES DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Uremia
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH Undt.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 (Month) (Day) (Year) (Hour) OF INJURY _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? H43X

22. I hereby certify that I attended the deceased from 9-24, 1953, to 9-29, 1953, that I last saw the deceased alive on 9-29, 1953, and that death occurred at 5:50A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. B. Williams 23b. ADDRESS 2601 N. Whittier 23c. DATE SIGNED 9-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10/5/1953 24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem. 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. OCT 2 1953 REGISTRAR'S SIGNATURE J. Earl Smith Md 25. FUNERAL DIRECTOR'S SIGNATURE C. J. Nash ADDRESS 3844 Page

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.....
Signature of Student Embalmer

Signed *C. J. Nash*.....

Licensed Embalmer No. *2432*.....

P. O. Address *3847 Pa.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.