

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 23 1953

State File No. **37111**
9778
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. LENGTH OF STAY (In this place) 7 yrs	c. CITY (If outside corporate limits, write RURAL and give township) St Louis		2129
d. FULL NAME OF HOSPITAL OR INSTITUTION 5111 B DELMAR			d. STREET ADDRESS (If rural, give location) 12 5111 B DELMAR		
3. NAME OF DECEASED (Type or Print) a. (First) GARNETT		b. (Middle) M.	c. (Last) CRANK		4. DATE OF DEATH (Month) (Day) (Year) Oct 12 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH MARCH 29 1906	9. AGE (In years last birthday) Months Days 47 6 13	IF UNDER 1 YEAR 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 _____	11. BIRTHPLACE (City and State or Foreign Country) Petersburg Ill		12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME John F. Speer		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE John Crank		
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 John Crank		ADDRESS 5111 B Delmar
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) CHD GENOMA OF SEVERE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.
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) 171X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 171X		
22. I hereby certify that I attended the deceased from 1-10 , 19 52 , to 10-12 , 19 53 , that I last saw the deceased alive on 10-12 , 19 53 , and that death occurred at 4:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Arnell Arath		(Degree or title) _____	23b. ADDRESS 1194 Hodge Avenue		23c. DATE SIGNED 10-12-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct 14th 1953	24c. NAME OF CEMETERY OR CREMATORY Petersburg		24d. LOCATION (City, town, or county) (State) Ill	
DATE REC'D BY LOCAL REG. OCT 13 1953		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Guy Miller	
				ADDRESS 5041 Delmar	

(Licensed Embalmer's Statement on Reverse Side)

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 Ronald O Yahn

Licensed Embalmer No. 39017

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.