

FILED MAY 12 1954

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

13442

 State File No. 1003
 Registrar's No. 4061

BIRTH NO. _____		REG. DIST. NO. <u>219</u>		PRIMARY REG. DIST. NO. _____		State File No. 1003		Registrar's No. 4061					
1. PLACE OF DEATH a. COUNTY <u>Missouri</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			c. LENGTH OF STAY (in this place) <u>30 yrs.</u>			c. CITY OR TOWN <u>St. Louis</u>			d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>222 2222 Spruce</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willie</u> b. (Middle) <u>Lee</u> c. (Last) <u>Garrett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 29 1954</u>										
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10/3/1911</u>		9. AGE (In years last birthday) <u>42</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supply Clerk</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Pullman Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Brooksville, Mississippi</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Lee Garrett</u>				13b. MOTHER'S MAIDEN NAME <u>Aran Stewart</u>				14. NAME OF HUSBAND OR WIFE <u>Geneva Garrett</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Geneva Garrett, 1714 Biddle St.</u>							
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Digitalis Intoxication, Rheumatic Heart Disease with Marked Decompensation</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>								INTELLECT BETWEEN ONSET AND DEATH <u>Undt</u>	
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) <u>H16 X</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Apr. 24</u> , 1954, to <u>Apr. 29</u> , 1954, that I last saw the deceased alive on <u>Apr. 29</u> , 1954, and that death occurred at <u>10:15 am.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>E. B. Williams, M. D.</u>						23b. ADDRESS <u>2601 N. Whittier</u>			23c. DATE SIGNED <u>4/30/54</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>			24b. DATE <u>5/6/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>MAY 5 1954</u>			REGISTRAR'S SIGNATURE <u>Earl Smith M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles J. Gates, 4107 Finney Ave.</u>						

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 *Arthur L. Heelbard*.....

Licensed Embalmer No. 4221.....

P. O. Address 4107 Finney.....

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.