

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14302

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>517</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>908</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BALLWIN</u>		c. LENGTH OF STAY (If this place) <u>19 days</u>		c. CITY OR TOWN <u>St. Louis</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Manchester Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>6529 Mardel</u> <u>2007</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>B.</u> c. (Last) <u>Garnette</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 19, 1955</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 6, 1887</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home housework</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Mayer</u>		13b. MOTHER'S MAIDEN NAME <u>Fredericka Hampf</u>		14. NAME OF HUSBAND OR WIFE <u>William H.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louis Kittlaus 6715 Oleatha</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF STOMACH</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>NONE</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>4-1-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>INOPERABLE CARCINOMA OF STOMACH 151X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>		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) <u>NONE</u>		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>APRIL 1, 1955</u> , to <u>APRIL 19, 1955</u> ; that I last saw the deceased alive on <u>APRIL 18, 1955</u> , and that death occurred at <u>7:30 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>BR Roving M.D. O</u>				23b. ADDRESS <u>BALLWIN, MO.</u>		23c. DATE SIGNED <u>4-19-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 22, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>1215 Lemayerry Road Lemay, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4/19/55</u>		REGISTRAR'S SIGNATURE <u>Hebeath...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>G. Hoffmeister U. & L. Co. 7814 S. Broadway.</u>			

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 *Harry J. Schumacher*
Licensed Embalmer No. *2679*

P. O. Address *T. J. L. P. ...*

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.