

FILED APR 6 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. 10741

BIRTH NO. 18670-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3269

1. PLACE OF DEATH a. COUNTY		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>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>17 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DE PAUL</u>		d. STREET ADDRESS (If rural, give location) <u>6 5312 MAFFITT</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>B. RENDA</u> b. (Middle) <u>LORRAINE</u> c. (Last) <u>GARNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 27 1956</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>MARCH 10, 1956</u>		9. AGE (In years last birthday) <u>0</u> <u>0</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO.</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOHN GARNER</u>		13b. MOTHER'S MAIDEN NAME <u>ROBERTA BREWER</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>JOHN GARNER</u>		ADDRESS <u>ST. LOUIS, MO</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aspiration pneumonia</u> ANTECEDENT CAUSES <u>Orbital dysplasia</u> Morbidity 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.			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7620</u>		20. AUTOPSY? YES <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>3-10-1956</u> , to <u>3-27-1956</u> , that I last saw the deceased alive on <u>3-27-1956</u> , and that death occurred at <u>1:50 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Dr. Gust M. D.</u> (Degree or title)			23b. ADDRESS <u>8700 Revere Blvd</u>		23c. DATE SIGNED <u>3/30/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-30/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BUFFALO CEMETERY SULLIVAN</u>	
24d. LOCATION (City, town, or county) (State) <u>MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Howerton Sullivan, Mo</u> ADDRESS			
DATE REC'D BY LOCAL REG. <u>APR 2 1956</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		ADDRESS <u>Mo</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

Student Embalmer

Signed

J. A. Humphrey

Licensed Embalmer No. *4772*

P. O. Address *Sullivan, Mo.*

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.