

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 7 1957

State File No. **44185**
Registrar's No. **2999**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON		c. CITY OR TOWN CONCORD VILLAGE	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST LOUIS COUNTY HOSP.		e. STREET ADDRESS (If rural, give location) 2254 GREEN PARK ROAD	

3. NAME OF DECEASED (Type or Print) William	a. (First)	b. (Middle)	c. (Last) Garner	4. DATE OF DEATH (Month) (Day) (Year) 12 - 18 - 1956
--	------------	-------------	-------------------------	---

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 6, 1889	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
--------------------	-------------------------------	---	---------------------------------------	---	------------------------	-----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY OSZARK PAINT STORES	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO.	12. CITIZEN OF WHAT COUNTRY? USA
--	--	---	---

13a. FATHER'S NAME FREDERICK GARNER	13b. MOTHER'S MAIDEN NAME BELL HARDEN	14. NAME OF HUSBAND OR WIFE HARRIET
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 492-09-6256	17. INFORMANT'S SIGNATURE OR NAME HARRIET GARNER	ADDRESS 2265 GREEN PKRD
---	--	---	--------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALIZED PERITONITIS		INTERVAL BETWEEN ONSET AND DEATH 12 HR
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) RUPTURED DUODENAL ULCER		
	DUE TO (c)		
	11. OTHER SIGNIFICANT CONDITIONS CARCINOMA OF URINARY BLADDER WITH BILATERAL URETERAL OBSTRUCTION		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 **12-17, 1956** to **12-18, 1956** that I last saw the deceased alive on **12-18, 1956**, and that death occurred at **9:50A** m., from the causes and on the date stated above.

23a. SIGNATURE W.M. J. Joubert M.D.	(Degree or title)	23b. ADDRESS 601 S. Brentwood	23c. DATE SIGNED 12-19-56
--	-------------------	--------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12/20/56	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PK CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. 12-20-56	REGISTRAR'S SIGNATURE Herbert K. Lamb	25. FUNERAL DIRECTOR'S SIGNATURE ZIEGENHEIN + SONS	ADDRESS 7027 GRANDS
--	--	---	----------------------------

(Licensed Embalmers - Seal here 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.....
Signature of Student Embalmer

Signed..... *Donald E. Bing*.....

Licensed Embalmer No. *4863*.....

P. O. Address *7027 Grand*.....

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.