

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29466**

Registrar's No. **7884**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Charles	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 9 days		e. STREET ADDRESS (If rural, give location) 27 1255 Cadillac Dr. 09230	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) H. c. (Last) GARYERT	4. DATE OF DEATH (Month) (Day) (Year) Aug. 21 57
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5. SEX M	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Jan. 30 1906	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months 6 Days 22	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance work	10b. KIND OF BUSINESS OR INDUSTRY Catholic School	11. BIRTHPLACE (City and State or Foreign Country) Wca. Kansas	12. CITIZEN OF WHAT COUNTRY? U.S. A.
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13a. FATHER'S NAME Aloys GARYERT	13b. MOTHER'S MAIDEN NAME Helena Seck	14. NAME OF HUSBAND OR WIFE MARY E. GARYERT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) 494-12-2789	17. INFORMANT'S SIGNATURE OR NAME MARY E. GARYERT	ADDRESS St. Charles
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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		INTERVAL BETWEEN ONSET AND DEATH 3 WKS.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) THROMBOSIS OF INT. CAROTID ARTERIES (b) THROMBOSIS OF RENAL VEINS		
	ANTECEDENT CAUSES Thrombosis of internal carotid arteries Thrombosis of renal veins 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. 332x			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **AUG 13 1957**, to DATE OF DEATH, 19 **57**, that I last saw the deceased alive on **AUG 2 1957**, and that death occurred at **11:40 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Lattinville / pre 2nd Broadway	23b. ADDRESS De Paul Hosp, St. Louis Mo	23c. DATE SIGNED 8/4/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/21/57	24c. NAME OF CEMETERY OR CREMATORY St. Charles	24d. LOCATION (City, town, or county) (State) Borrowed St. Charles Missouri
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DATE REC'D BY LOCAL REG. AUG 22 57	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE C. L. Preuster	ADDRESS 240 N. Kingshighway
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

DEC 18 1957

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 *John L. Denny*.....

Licensed Embalmer No. *419*.....

P. O. Address *St. Louis*.....

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.