

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41998

State File No. ....

FILED NOV 21 1957

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 10897

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10897	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN St. Louis		d. Is 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 (If not in hospital or institution, give street address or location) 01 4950 Lindell Blvd.				e. STREET ADDRESS (If rural, give location) 1216 4950 Lindell Blvd.			
3. NAME OF DECEASED (Type or Print) a. (First) Fannie			b. (Middle) L.		c. (Last) Garneau		4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1957
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 17, 1864		9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Day 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife-at home			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Thomas Laughran			13b. MOTHER'S MAIDEN NAME Marguerite Unknown		14. NAME OF HUSBAND OR WIFE James W. Garneau		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. William Maffitt Bates, # 27 Upper Ladue Road			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery occlusion				Road			8-10 hrs
* 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			Years
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Coronary artery sclerosis			Years
				DUE TO (c) Generalized arterio-sclerosis			Years
II. OTHER SIGNIFICANT CONDITIONS				Pulmonary emphysema			Years
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 420.1				20. AUTOPSY? 2 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) _____			
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 _____, 1947, to 11/14, 1957, that I last saw the deceased alive on 11/14, 1957, and that death occurred at 8am, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. L. D. Sale M.D.				23b. ADDRESS 100 N. Euclid		23c. DATE SIGNED 11/14/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 15, 1957	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) St. Louis, Missouri		
DATE REC'D BY LOCAL REG. NOV 14 57		REGISTRAR'S SIGNATURE [Signature]		FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS 3840 Lindell Blvd.	

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

JUL 17 1958

**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.....  
*Francis Williams*

Licensed Embalmer No. *356*

P. O. Address *3840 Pine*

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.