

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023945  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1695

300  
1-57  
3

PL. JUL 11 1958

1. PLACE OF DEATH  
a. COUNTY **St. Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death)  
a. STATE **Missouri** b. COUNTY **St. Louis**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **CLAYTON** Inside Limits Yes  No

c. CITY OR TOWN **Lemay 4870** Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **E/R to County Hosp.** Length of stay in 1b

d. STREET ADDRESS (If outside, give location) **9837 Perrin** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last **DALVIE GARRETT**

4. DATE OF DEATH Month Day Year **June 23, 1958**

5. SEX **Male 0**

6. COLOR OR RACE **White**

7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED

8. DATE OF BIRTH **July 17, 1944**

9. AGE (In years last birthday) **13** FUNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Student**

10b. KIND OF BUSINESS OR INDUSTRY **None**

11. BIRTHPLACE (City and state or country) **Herminston, Oregon /**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Ezera Garrett**

13b. MOTHER'S MAIDEN NAME **Mary Casey**

14. NAME OF HUSBAND OR WIFE **~~Mary Garrett~~ None**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No No**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT Address **Mary Garrett, 9837 Perrin, Lemay, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Asphyxia due to drowning**

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) \_\_\_\_\_

DUE TO (c) **E929.8**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **42**

19. WAS AUTOPSY PERFORMED? YES  NO  **2**

20a. ACCIDENT  SUICIDE  HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **Drowned while swimming in pond**

20c. TIME OF INJURY Hour Month, Day, Year **6:10 approx p.m. 6/23/58**

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **pond at Horn's Grove**

20f. CITY, TOWN, OR LOCATION **Lemay** COUNTY **St. Louis** STATE **Mo.**

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Raymond H. Hand 3** Coroner

22b. ADDRESS **Clayton, Mo.**

22c. DATE SIGNED **7/1/58**

23a. NAME OF CEMETERY OR CREMATORY **St. Matthews**

23b. DATE **6/26/1958**

23c. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

24. FUNERAL DIRECTOR ADDRESS **McLaughlin, 2301 Lafayette, St. Louis, Mo.**

25. DATE RECD. BY LOCAL REG. **6-24-58**

26. REGISTRAR'S SIGNATURE **Herbert P. Dombke M.D.**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc.: must use only standard nomenclature in item 18. No symptoms or signs of disease in Part I must be causally related.

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 *James R. Chapman* .....  
Licensed Embalmer No. *4550* .....  
P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.