

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024056  
STATE FILE NUMBER

FILED JUL 11 1958 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1816

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RICHMOND HEIGHTS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Richmond Heights</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. MARYS Hosp</b>		Length of stay in 1b <b>8 DAYS</b>	d. STREET ADDRESS (If outside, give location) <b>7663 LINDBERGH</b>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>FLORA</b> Middle <b>PEARL</b> Last <b>GARTH</b>			4. DATE OF DEATH Month <b>7</b> Day <b>8</b> Year <b>58</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2-25-1873</b>	9. AGE (In years and birth day) <b>85</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED-HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>	11. BIRTHPLACE (City and state or country) <b>ILL.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>HENRY TIPPET</b>		13b. MOTHER'S MAIDEN NAME <b>MARY NEWELL</b>		14. NAME OF HUSBAND OR WIFE <b>JEFFERSON GARTH</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>MRS. E. E. SAUSAGE-7663 LINDBERGH</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARDIAC FAILURE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	DUE TO (b) <b>Generalized arteriosclerosis</b>	
	DUE TO (c) <b>4500 F</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Fracture base of neck of left femur</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Fell at home 6/30/58</b>	
20c. TIME OF INJURY Hour <b>6</b> Month <b>30</b> Day <b>58</b> a.m. p.m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, shop, factory, street, office bldg., etc.) <b>Home</b>	20f. CITY, TOWN, OR LOCATION <b>St Louis</b>	COUNTY <b>Richmond</b>	STATE <b>MO</b>
21. I attended the deceased from Death occurred at <b>7/8/58</b> to <b>7/7/58</b> and last saw her alive on <b>7/7/58</b> . him				

22a. SIGNATURE (Degree or title) <b>Milton Leebel MD</b>		22b. ADDRESS <b>100 N. Euclid, St Louis</b>		22c. DATE SIGNED <b>7/8/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>	23b. DATE <b>7-9-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>OAK GROVE CREMATORY</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CO MO</b>	

24. FUNERAL DIRECTOR <b>JAY-B-SMITH-Maplewood MO</b>	25. DATE RECD. BY LOCAL REG. <b>7-8-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert R. Danke MD</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification  
All diseases in Part I must be causally related.  
Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed.

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 *A. S. Burgess* .....

Licensed Embalmer No. *4529* .....

P. O. Address *Maplewood* .....

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.