

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034236

STATE FILE NUMBER

47062-58
FILED OCT 10 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9045

300

-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 51823, CABANNIE ave		Length of stay in 1b Month 2/29	d. STREET ADDRESS (If outside, give location) 5182 CABANNIE AVE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JOHN HENRY GARRETT Jr			4. DATE OF DEATH Month Day Year 9 - 17 - 1958		
5. SEX Male 2	6. COLOR OR RACE COL.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8 - 17 - 1958	9. AGE (In years last birthday) 8	IF UNDER 1 YEAR Months Days Hours Min. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Domestics	11. BIRTHPLACE (City and state or country) ST. LOUIS MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME JOHN HENRY GARRETT Sr.		13b. MOTHER'S MAIDEN NAME GEORGIA LUCILLE EBERHART		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. 1	17. INFORMANT John H. Bennett	Address 5182 CABANNIE AVE	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Interstitial Pneumonitis</i>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					525x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>John H. Bennett</i>		(Degree or title) Resident	22b. ADDRESS 1300 Clark		22c. DATE SIGNED 9/18/58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 9/19/58	23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK CEMETERY	23d. LOCATION (City, town, or county) ST. LOUIS	STATE MISSOURI	
24. FUNERAL DIRECTOR <i>Wm. J. Houston</i>		ADDRESS 2812 THOMAS St.	25. DATE RECD. BY LOCAL REG. SEP 19 1958	26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases 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 This Body Not Embalmed Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed John J. Johnston

Licensed Embalmer No.

P. O. Address 2812 Thorne

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.