

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016802

DO NOT WRITE ON THIS STUB

AMENDED

Registration No. **318** FILED APR 25 1962

Primary Registration District No. **1003**

Registrar's No. **3671**

STATE FILE NUMBER

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. Louis</i>		Length of stay in 1b <i>1 Mo. 9 days</i>	c. CITY OR TOWN <i>ST. Louis</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>D.O.M. City II</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>5206 Page</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Henry Jerome Garr</i>			4. DATE OF DEATH Month Day Year <i>April - 5 - 1962</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>2-26-1962</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) Months Days Hours Min. <i>1 9</i>
11. BIRTHPLACE (City and state or country) <i>ST. Louis, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>James J. Garr</i>		13b. MOTHER'S MAIDEN NAME <i>Bessie Mae Cooper</i>	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)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>James J. Garr</i> Address <i>5206 Page</i>
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>Suffocation</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Suffered when found in bed in home</i> DUE TO (c) <i>on April 5th, 1962 (no plastic involved)</i>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>accident</i>			PART III. If deceased was female was there a pregnancy in last 90 days. <i>924.0-18</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <i>A</i> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>see above</i>	
20c. TIME OF INJURY Hour a.m. p.m. <i>9-5-62</i>	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, farm, factory, street, office bldg., etc.) <i>at home</i>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>St Louis, Mo</i>
21. I attended the deceased from <i>3:45 A</i> 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) <i>Paul Simon coroner</i>		22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>4/7/62</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>4-7-1962</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Father Dickson</i>	23d. LOCATION (City, town, or county) (State) <i>ST. Louis Co. Mo.</i>
24. FUNERAL DIRECTOR <i>Dunn F. Home</i> ADDRESS <i>3847 Page</i>		25. DATE RECD. BY LOCAL REG. <i>APR 7 1962</i>	26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>

**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 No Embalming, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Bessie M. Linn

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.