

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049632

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3786

FILED JAN 16 1963

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH -<br>a. COUNTY <u>ST LOUIS</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY                                 |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>LEMAY</u>   |   | Length of stay in 1b<br><u>3 MONTHS</u>   | c. CITY OR TOWN <u>ST. LOUIS</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (if NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>MT ST ROSE HOSPITAL</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>5931 HILGARD</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>        |
| 3. NAME OF DECEASED (Type or print)<br>First <u>HARRY</u> Middle <u>J</u> Last <u>GARLICH</u>   |   | 4. DATE OF DEATH<br>Month <u>DEC</u> Day <u>22</u> Year <u>1962</u>   |  |
| 5. SEX<br><u>MALE</u>   | 6. COLOR OR RACE<br><u>WHITE</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>12/23/1962</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>OWNER</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>GR CHINA CLASS Co</u>   | 9. AGE (last birthday)<br><u>84</u><br>IF UNDER 1 YEAR<br>Months Days<br>IF UNDER 24 HR<br>Hours Min.  |
| 11. BIRTHPLACE (City and state or country)<br><u>ST. LOUIS MO</u>   |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A</u>   |  |
| 13a. FATHER'S NAME<br><u>HENRY GARLICH</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>WILHELMINA SCHLUETER</u>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><u>ANTONETTE GARLICH</u>   |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>   |   | 16. SOCIAL SECURITY NO.<br><u>-</u>   |  |
| 17. INFORMANT<br><u>EL GARLICH</u>  |   | Address<br><u>9505 BREUDA</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>acute nephritis</u>  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>2.3 days</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Chronic Bladder infection</u>   |   |   | <u>14 yrs</u>  |
| DUE TO (c) <u>atonic Bladder - Tuberc Ductus</u>  |   |   | <u>?</u>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input 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.)  |  |
| 20c. TIME OF INJURY<br>Hour <u>3.30</u> Month, Day, Year <u>12-22-62</u><br>a.m. p.m.   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 <u>June 24 1948</u> to <u>12-22-62</u> and last saw him alive on <u>Nov. 1962</u><br>Death occurred at <u>3.30</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>James D. Thompson MD</u>   |   | 22b. ADDRESS<br><u>634 No. Grand Blvd.</u>  | 22c. DATE SIGNED<br><u>12-24-62</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>  | 23b. DATE<br><u>12/26/1962</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>RESURRECTION CEM</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>ST. LOUIS COUNTY MO</u>  |
| 24. FUNERAL DIRECTOR<br><u>STOCK MORTUARY</u>   |   | ADDRESS<br><u>8895 BRANTWOOD</u>  | 25. DATE RECD. BY LOCAL REG.<br><u>12-26-62</u>  |
| 26. REGISTRAR'S SIGNATURE<br><u>John B. Murphy MD</u>   |   |   |  |

2497TON

(Licensed Embalmer's Statement on Reverse Side)

**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 Paul J Wachter

Licensed Embalmer No. 4787

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.