

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

6839

**1. PLACE OF DEATH**

County.....

Registration District No. **791**  
**1003**

Township.....

Primary Registration District No. ....

City **St. Louis** (No. **City Hospital**)

File No. ....

Registered No. **1797**

St. .... Ward) .....

**2. FULL NAME**

(a) Residence. No. **35th Page** St. **11** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **1 1/2** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) **Nov 23 1893**

**7. AGE** YEARS **34** MONTHS **2** DAYS **24** If LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Announcer.**  
(b) General nature of industry, business, or establishment in which employed (or employee).....  
(c) Name of employer.....

**9. BIRTHPLACE** (CITY OR TOWN) **Texas**  
(STATE OR COUNTRY)

**10. NAME OF FATHER** **Lee Garner**

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) **Texas**  
(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER** **Laura Unknown**

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) **Texas**  
(STATE OR COUNTRY)

**14. INFORMANT** **St. Louis Infirmary**  
(Address) **St. Louis**

**15. FILED** **FEB 18 1928** **Wm. C. Starkloff**  
19. ....  
REGISTRAR

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) **Feb 16 1928**

**17. I HEREBY CERTIFY** That I attended deceased from **Feb 7 1928**, to **Feb 16 1928**, that I last saw him alive on **Feb 16 1928**, and that death occurred, on the date stated above, at **10-9** a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Empyema of chest - cause unknown**  
**11 1/2 hr**  
**10 1/2 hr**

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**3** DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) **Henry C. Westerman** M. D.  
**2/17 1928** (Address) **City Hospital**

\*State the DISEASE CAUSING DEATH or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** **Del Rio Tex**

**DATE OF BURIAL** **Feb 18 1928**

**20. UNDERTAKER** **E. J. ...**

**ADDRESS** **3025 Lafayette**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Malen

91