

NOV 15 1937

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

36177

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **21003**  
 (c) City **St. Louis, Mo.** (d) Street No. **3928 Ashland Ave.** St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **9754**2. PRINT FULL NAME **Magdalene Garbs**

(a) Residence, No. **3928 Ashland Ave.** St. **10**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **AUG. 20, 1876.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**61 1 29**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **None**

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Missouri**

13. NAME **Christopher Garbs**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Germany**

15. MAIDEN NAME **Katherine Kunz**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Switzerland**

17. INFORMANT **Frederick Garbs**  
 (ADDRESS) **4233 Obear Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Friedens Cem.** DATE **Oct. 21, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Chudmeyer & Sons 3934 W. 20 City**

20. FILED **OCT 20 1937** **J. Bredeck**  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 19, 1937**

22. I HEREBY CERTIFY, That I attended deceased from

**Jan 1, 1937, to Oct 19, 1937**

I last saw him alive on **Oct 19, 1937** Death is said

to have occurred on the date stated above, at **2:57 p.m.**

The principal cause of death and related causes of importance were as follows:

**Sol. Pneumonia.**  
**Chronic Endocarditis years**

Date of onset **Oct 17-37**Other contributory causes of importance: **108**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) **J. Marder**, M. D.(Address) **2153 N. Vandeventer Ave**

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.

STATEMENT BY LICENSED EMBALMER

I, Geo. P. Schubert, Licensed Embalmer No. 2212

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My self

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Geo. P. Schubert

Licensed Embalmer No. 2212

**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.)**