

REC'D NOV 10 1938

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

37050

Do not use this space.

## 1. PLACE OF DEATH

(a) County Texas Registration District No. 863  
 (b) Township Piney Primary Registration District No. 6137 Registered No. 25  
 (c) City Houston (d) Street No. \_\_\_\_\_ 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.

2. PRINT FULL NAME Vincent Garwitz

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 16th, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
90 2 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mill Wright  
 9. Industry or business in which work was done, as saw mill, bank, etc. Saw Milling  
 10. Date deceased last worked at this occupation (month and year) 7 years 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Valley N. Y.13. NAME Not known by informant14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known15. MAIDEN NAME Not Known by informant16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known17. INFORMANT (ADDRESS) Lawrence Garwitz18. BURIAL, CREMATION, OR REMOVAL PLACE Houston Mo. DATE Oct. 23d, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) G. V. Elliott20. FILED 10-22-38 J. V. Thomas Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 21st 193822. I HEREBY CERTIFY, That I attended deceased from Oct. 21 1938 to Oct. 21 1938I last saw him alive on Oct. 21 1938. Death is said to have occurred on the date stated above, at 10-30 in A.M.

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

Coronary OcclusionDate of onset  
10-21-38

Other contributory causes of importance:

Senility  
Senile Dementia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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. V. Thomas M. D.(Address) Houston, Mo.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*G. V. Ellinger*

Licensed Embalmer No. 2252

P. O. Address Houston 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 this body is not embalmed, above space should be left blank.**