

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 17 1939

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

9773  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township New Primary Registration District No. 1002  
 (c) City St. Louis (d) Street No. 17 E. Gen Hoapt Registered No. 1379  
 (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 vs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME  
 (a) Residence, No. 611 Otto Garber St.  Milwaukee Missc  
3235 Chestnut (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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-20-1904  
 7. AGE YEARS 34 MONTHS 3 DAYS 1 If LESS than 1 day, .....hrs. or .....min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labourer  
 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) Missc  
 13. NAME Wm Garber  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missc  
 15. MAIDEN NAME unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missc  
 17. INFORMANT (ADDRESS) Records Clerk  
17 E. Gen Hoapt  
 18. BURIAL, CREMATION, OR REMOVAL Buried DATE 3-31-39  
 19. FUNERAL DIRECTOR (ADDRESS) Walter B. Duffin  
336 Campbell St  
 20. FILED 37 31 1939 W. H. Brown  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-20-39 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 3-2-39, 1939, to 3-20-39, 1939.  
 I last saw him alive on 3-20-39, 1939. Death is said to have occurred on the date stated above, at 1:00 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Suber Pneumonia Date of onset  
108  
 Other contributory causes of importance:  
 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) P. H. De Maria M. D.  
Surgeon (Address) 17 E. Gen Hoapt

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**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.....

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 this body is not embalmed, above space should be left blank.**