

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

27262
Do not use this space.

1. PLACE OF DEATH **SEP 14 1939**
 (a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **5351 Delmar Ave.** Registered No. **6762**
 (e) Length of residence in city or town where death occurred **2** yrs. **2** mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **John Elsworth Garman 655**
 (a) Residence, No. **5351 Delmar Blvd., St. Louis, Mo.** St. **12**
 (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 (write the word) Widower		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rachel Garman				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28, 1846				
7. AGE	YEARS 92	MONTHS 11	DAYS 3	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. Probate Judge			
	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) Wayne County, Ohio 1				
FATHER	13. NAME John Garman 7			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known 7			
MOTHER	15. MAIDEN NAME Sarah Herman 7			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known			
17. INFORMANT Elizabeth Walker (ADDRESS) 5351 Delmar Blvd.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson City Mo. DATE Aug 4 39				
19. FUNERAL DIRECTOR Albert H. Hoppe Inc. (ADDRESS) 4700 Washington Blvd				
20. FILED AUG 2 1939 J. D. Budick Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 1, 19 39	
22. I HEREBY CERTIFY, That I attended deceased from June 13, 1937 19... to Aug. 1st 19... 39	
I last saw him alive on Aug. 1st-12 Noon 19... 39 Death is said to have occurred on the date stated above, at 3:08 P. m.	
The principal cause of death and related causes of importance were as follows: Chronic Myocarditis 1 year Date of onset	
Other contributory causes of importance: Senility 6 months	
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 Solon Garman M. D. (Signed) Solon Garman (Address) 508 W. Grand Blvd.	

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.

STATEMENT BY LICENSED EMBALMER

I, Guy W. Wilkinson, Licensed Embalmer No. 3575

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Guy W. Wilkinson
Licensed Embalmer No. 3575

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.)