

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County 1  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution About 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 13  
(d) Street No. City Infirmary (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Charles A. Garner 656

8. (b) If veteran, name war No 8. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Anna Rider 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Jan. 13 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>8</u>	<u>2</u>	hr. _____ min.

9. Birthplace Clarksville Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Telegrapher

11. Industry or business \_\_\_\_\_

12. Name Jacob B. Garner 7

18. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Sharp (State or foreign country)

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John J. Lohrey

(b) Address 5400 Arsenal

17. (a) Removal (b) Date thereof Sept 15-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Regatum, Ill.

18. (a) Signature of funeral director Francis J. Lohrey

(b) Address Madison Ill.

19. (a) 9-15-39 (b) J. B. Brudick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14  
year 1939 hour 1:50 minute \_\_\_\_\_ p. m. \_\_\_\_\_

21. I hereby certify that I attended the deceased from 7-1-39, 1939, to Sept. 14, 1939;  
that I last saw him alive on Sept. 14, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arteriosclerosis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 7  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, all in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (b) Means of injury \_\_\_\_\_

28. Signature Paul T. Hartman (M. D. or other)

Address 5300 Arsenal Date signed 9-15-39

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.

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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 Francis J. Lakey  
Licensed Embalmer No. 2792  
P. O. Address Madison Ill.

**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.**