V. S. No. 2
M—11-10-39
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FILED JUL 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22773

Registration District No. 704 Primary Registration District No. 200 Registrar's No. 1115

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Creve Coeur
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester & Mason Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Rural Creve Coeur
(If outside city or town limits write "RURAL")
(d) Street No. Manchester & Mason Road
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME William L. Garrels 612
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna Beckers Garrels
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Feb (Month) 12 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
68	3	27	hr. ____ min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation Consulting Engineer
11. Industry or business
FATHER
12. Name Gerhard W. Garrels
13. Birthplace Hanover (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Caroline Opel
15. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
16. (a) Informant Anna B. Garrels
(b) Address St. Louis County Mo
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof June 13 40 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla
18. (a) Signature of funeral director Wagoner Und Co
(b) Address 3621 Olive St
19. (a) JUN 11 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th year 1940 hour 7 minute 45 P.M.
21. I hereby certify that I attended the deceased from June 4th, 1940 to June 9, 1940 that I last saw him alive on June 9, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to Chronic Int Nephritis	2½ years
Due to Chronic Myocarditis	1 year
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature P. C. Barnes M.D. (M. D. or other)
Address 6312 Washington Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr P. L. Barnes
6312 Washington
2 00 P.M.

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 Neville D. Grolvitter

Licensed Embalmer No. 3696

P. O. Address 3621 Olive St.

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.

JUN