

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF THE CENSUS
1941

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. 11956

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 547

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Clayton
 (c) Name of hospital or institution:
75' West 04 car tracks, west County
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
 (Specify whether
 In this community unknown
 years, months or days)

3. (a) PRINT FULL NAME James Garland
 (b) If veteran, name war unknown (c) Social Security No. unknown

4. Sex male 5. Color or race colored
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Julia Garland 6. (c) Age of husband or wife if alive ? years
 7. Birth date of deceased ? 1872 ?
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	?	?	hr. min.

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

10. Usual occupation unemployed

11. Industry or business

MOTHER FATHER
 12. Name Wm Turner Garland
 13. Birthplace Nashville, Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth
 15. Birthplace Nashville, Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant James Garland, Jr.
 (b) Address 4668a Evans

17. (a) Burial (b) Date thereof 3/13/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director James H. Harrison
 (b) Address 2906 Lanxon

19. (a) MAR 11 1941 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town Wellston
Hosp. (If outside city or town limits, write "RURAL")
 (d) Street No. 946 Hodiament
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar. day 8 ?
 year 1941 hour unknown minute ? M.

21. I hereby certify that I attended the deceased from 3-9-41
 19 to 3-9-41 19
 that I last saw him alive on dead on arrival 19
 and that death occurred on the date and hour stated above.

Immediate cause of death CARDIAC DECOMPENSATION Duration (year?)

Due to HYPERTENSIVE HEART DISEASE YEARS?

Due to 93d

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
 Of autopsy CARDIAC DECOMPENSATION HYPERTROPHY AND DILATATION. CONGESTION OF LUNGS AND LIVER.
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: AND LIVER.

(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) (e) Means of injury
 23. Signature L. M. Korman (M. D. or other) M.D.
 Address St. Louis Co. Hosp. Date signed

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

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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, fact should be so stated above.