

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No. 1003

5714

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County.....
(c) City or town Canton
(If outside city or town limits, write "RURAL")
(d) Street No. 1220 East Elm
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1941 hour..... minute 10:00 a.m.

21. I hereby certify that I attended the deceased from
June 5, 1941 19... to July 8, 1941 19...
that I last saw him alive on July 8, 1941 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Lung abscess
Empyema, bilateral,
Due to Pneumonia, unspecified

Other conditions Brain abscess following
lung abscess, cause of
Major findings:
Of operations same unknown

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?

While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature FR Bradley (M. D. XXXXX)
Address BARNES HOSPITAL Date signed 7-8-41

3. (a) PRINT FULL NAME Harry Garst

3. (b) If veteran, name war No. 3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife Eva Hand 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Jan. 10, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 5 28 hr. min.

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

10. Usual occupation Caretaker

11. Industry or business Country Club

12. Name Charles Garst

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

14. Maiden name Ann Fornay

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

16. (a) Informant Eva Garst

(b) Address Peoria, Ill.

17. (a) Removal (b) Date thereof 7/10/41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) JUL 10 1941 (b) J. W. Bradley
(Date received local registrar) (Registrar's signature)

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

28.859-03-0200

5

Bankley, J. Wm.

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

J. Wm. Bankley

Licensed Embalmer No. *3653*

P. O. Address *By Law, Mo*

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.