

DEC 23 1941

Registration District No. 78

Primary Registration District No. 115

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 096
(c) City or town University City. 3
(If outside city or town limits, write "RURAL") 5
(d) Street No. 450 Melville Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11th
year 1941 hour I minute 10 P.M.

21. I hereby certify that I attended the deceased from Sept. 28
1931 to Dec 11 1941
that I last saw her alive on Dec 11 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis Pneumonia 3 days
Duration

Due to Carcinoma 4 mo.
metastatic

Due to Carcinoma of the 2 yrs.
breast

Other conditions Diabetes mellitus 8 1/2 yrs
(Include pregnancy within 8 months of death)
Major findings: Amputation of left
breast, breast carcinoma
Of operations _____
Of autopsy none 50
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Mettie L. Garland

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife James J. Garland. 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased October 10 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days I If less than one day _____ hr. _____ min.

9. Birthplace Bellefontaine Ohio. 1
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Samuel H. Apple

13. Birthplace Penn 1
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Huber

15. Birthplace Bellefontaine Ohio. 1
(City, town, or county) (State or foreign country)

16. (a) Informant James J. Garland.

(b) Address 450 Melville Ave

17. (a) Burial (b) Date thereof 12/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd

19. (a) DEC 12 1941 (b) E. H. McHarron
(Date received local registrar) (Registrar's signature)

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) Means of injury _____
23. Signature J. L. Linnick (M. D. or other) D. D.
Address 1505 Ashcroft Date signed 12/13/41

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

536

107

1506 Advertiser
#7161
J.R. 2-5 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 Bradford A. Miles
Licensed Embalmer No. 2901
P. O. Address University City, 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.