

S. No. 2
-1-4-41
5-17-39
P I X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25267**
Registrar's No. **1662**

FILED AUG 10 1942

Registration District No. **754**

Primary Registration District No. **111**

96
8
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Richmond Heights, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Mary Hosp**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **96**
(c) City or town **Glendale** (If outside city or town limits, write "RURAL") **11**
(d) Street No. **17 Edwin Ave.** (If rural, give location) **1**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MARY LOUISE GARNER**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month **August** day **3** year **1942** hour **3** minute **30** A.M.
21. I hereby certify that I attended the deceased from **June 21** 19 **42** to **Aug 3** 19 **42**
that I last saw him alive on **Aug 3** 19 **42** and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **1**
6. (b) Name of husband or wife **Curtis Garner** 6. (c) Age of husband or wife if alive **UNKN** years

Immediate cause of death: **Peritonitis** Duration **4 days**
Due to **Destruction of Bowels** **4 days**
Due to **Subacute Pelvic Infection** **5 wks.**

7. Birth date of deceased **April 2, 1913**
(Month) (Day) (Year)

Other conditions: **Subacute Pelvic Infection 5 wks.**
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
29 **4** **1** hr. min.

Major findings: **Destruction of Spleen due to adhesions**
Of operations **Destruction of Bowels Peritonitis**
Of autopsy **Peritonitis**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Bert Beare**

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

14. Maiden name **Euse Smith**

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

16. (a) Informant **Curtis Garner**

17. (a) **Removal** (b) Date thereof **8/4/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **Edith G. Ambrose**
(b) Address **4234 Manchester**
19. (a) **AUG 4 - 1942** (b) **C. J. McFarland**
(Date received locally) (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? _____
23. Signature **William H. ...** (Specify type of place) (e) **Metropolitan** (M. D. or other)
Address **350 Metropolitan Bldg.** Date signed **8/13/42**

AUG 30 1948

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..... *Harry Eynock*.....
Licensed Embalmer No..... *1284*.....
P. O. Address..... *St. Louis 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.