

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 1 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15094
Registrar's No. 4013

Registration District No. Primary Registration District No.

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: Homer Phillips Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 26 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL.")
(d) Street No. 3941 Finney Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th
year 1947 hour 10 minutes 28 M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Crowning Thrombosis

Due to.....
94

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?

While at work? (Specify type of place) (e) Means of injury.....
23. Signature J. J. Brudeck (M. D. or other)
Address 1300 Clark Ave. Date signed.....

3. (a) PRINT FULL NAME Douglas Garman

3. (b) If veteran, name war. --- 3. (c) Social Security No. 498-03-5950

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

6. (b) Name of husband or wife Lucy Garman 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased January 20th 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 2 22 hr. min.

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

10. Usual occupation Laborer

11. Industry or business Emerson Electric Co.

12. Name Benjamin Garman

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

14. Maiden name Carrie Lee Hughes

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

16. (a) Informant Eunice Taylor
(b) Address 3941 Finney Ave.

17. (a) Removal (b) Date thereof 4/18/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prescott Arkansas

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Ave.

19. (a) APR 17 1947 (b) Registrar's signature J. J. Brudeck
(Date received local registrar) (Registrar's signature)

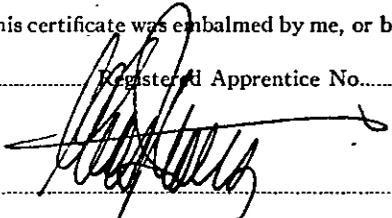
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT - 4 1962

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
John Cunningham
working under my personal supervision.

Registered Apprentice No. 452

Signed 

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Ave.

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.