

FILED JUN 13 1947

Registration District No. 318

Primary Registration District No. 1003

5404

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: Christian Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME CATHERINE S GARRETT

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 18 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 9 23 hr. min.

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

10. Usual occupation Ret. Saleslady

11. Industry or business _____

12. Name John E. Garrett
13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah C. Moss
15. Birthplace Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rolla Simms
(b) Address 608 Westgate

17. (a) Removal (b) Date thereof 6 - 1 - 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Slater Mo.

18. (a) Signature of funeral director Jos. P. Fendler Jr.

(b) Address 7128 Michigan Ave.

19. (a) JUN 1 (b) J. P. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street 608 Westgate
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1947 hour 8 minute 15 am

21. I hereby certify that I attended the deceased from May 27 1947 to May 31 1947
that I last saw her alive on May 30 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Liver & Pancreas
Due to Uræmia

Due to _____
Other conditions Mucositis Reptilis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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 Ph. S. Warner M.D.
Address East Brown Bldg Date signed May 31-47

Duration
? 4 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.