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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

2535

State File No. 797

FILED FEB 9 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3862 ~~Flora Bl~~ Flora Bl (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: 000

(a) State Missouri (b) County

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 3862 Flora Bl. 9 (If rural, give location)

17

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Bernice Garvin

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 married

6. (b) Name of husband or wife Alex Garvin

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased February 17, 1873 (Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 8 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name James Dewkins 0
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary E. Swon
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Alex Garvin, husband

(b) Address 3862 Flora Bl.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-26-1948 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Harrigan & Sheahan

(b) Address 4415 Washington Bl.

19. (a) JAN 26 1948 (Date received local registrar) (b) J. F. Bredrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25th year 1948 hour 3 minute a. M.

21. I hereby certify that I attended the deceased from Jan 19th, 1948, to Jan 25, 1948 that I last saw her alive on Jan 24, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute Bronchitis	7 days
myocarditis	20 yrs
arteriosclerosis	20 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Carl Atthaus (M. D. ~~or other~~)

Address 3248 Lafayette Date signed 1/26/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 John S. Kennedy

Licensed Embalmer No. 4194

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.

No. 2B
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Feb

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 797

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

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Bernie Gavin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb 17 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) Feb-48 (Date received local registrar) (b) J. F. Bradach (Registrar's signature)
FEB 26 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year 1948 hour minute M.

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

	Duration
Immediate cause of death	
Due to	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-2535 1948