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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6384

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1182

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:
Pronounced dead at City Hospital
(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
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4129 Dressel Avenue.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Walter E. Garrard.

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Nellie M. Garrard.

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April (Month) 30, (Day) 1883. (Year)

8. AGE: Years 64 Months 9 Days 2 If less than one day hr. min.

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

10. Usual occupation Barber.

11. Industry or business Maryland Barber Shop

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

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

16. (a) Informant Mrs. Nellie M. Garrard.
(b) Address 4129 Dressel Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-1948. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch. Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) FEB 4 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2nd. year 1948 hour 7 minute 39 A.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.

Duration

Immediate cause of death Coronary Occlusion

Due to Coronary Sclerosis

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 Cedrick E. Taylor D.O. (M.D. or other)
Address 1300 Clark Date signed 2-4-48

(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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St Louis

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.