

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

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **27727**  
Registrar's No. **6894**

FILED AUG 23 1948  
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis,

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

(c) Name of hospital or institution:  
# 27 South Taylor Ave., /  
(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.....  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME RUTH W. GARVIN.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William N. Garvin.

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

7. Birth date of deceased: Sept. 10 1895  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>10</u>	<u>24</u>	hr. _____ min.

9. Birthplace: Boston, Mass. /  
(City, town, or county) (State or foreign country)

10. Usual occupation Personal Director;

11. Industry or business Park Plaza & Chase.

MOTHER FATHER

12. Name Chas. H. Wishman.

13. Birthplace unknown Mass. /  
(City, town, or county) (State or foreign country)

14. Maiden name Mary T. Trask.

15. Birthplace Boston, Mass. /  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Jo Ann Garvin.

(b) Address 5092 Waterman Ave.,

17. (a) Cremation (b) Date thereof 8-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) AUG 5 1948 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. # 27 South Taylor Ave., 9  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 11

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5 year 1948 hour 6:15 minute P 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 Chronic Adhesive Pericarditis

Due to.....

Due to..... 90 hr

Other conditions.....  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy.....

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?.....

23. Patrick G. Taylor Dep Cor  
(Specify type of place) (e) Means of injury

Address 1300 Clark Date 8-5-48

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.

*Not Embalmed*

*C. R. Lupton & Sons.  
Per W. C. Ham.*