

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38738
Registrar's No. 9839

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ill.</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cairo.</u>		d. STREET ADDRESS <u>H.R.</u> (If rural, give location) _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital,</u>				d. STREET ADDRESS _____					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) _____		c. (Last) <u>Garvin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 12 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 25, 1897</u>		9. AGE (In years last birthday) <u>52</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Charleston, Miss.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Amos Garvin</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Nora Garvin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>			16. SOCIAL SECURITY NO. <u>Unk.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nora Garvin Rfd. Pammis, Ill.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) _____ (STATE) <u>Ill.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>MA2-X</u>							
22. I hereby certify that I attended the deceased from <u>Sept. 11, 1949</u> , to <u>Nov. 12, 1949</u> , that I last saw the deceased alive on <u>Nov. 12, 1949</u> , and that death occurred at <u>4:25 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>FR Bradley MD</u>				23b. ADDRESS <u>Barnes Hospital,</u>				23c. DATE SIGNED <u>11/13/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11/15/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cairo, Ill.</u>		24d. LOCATION (City, town, or county) (State) <u>Cairo, Ill.</u>			
DATE REC'D BY LOCAL REG. <u>NOV 15 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Basster</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.W. Roberts Und, Co 1416 N. Taylor</u>				

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed Fulton E. Calkin

Signed.....
Student Embalmer

Licensed Embalmer No. 4198

P. O. Address Thomas 13

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.