

S. No. 300  
v. 10.48  
2079

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 28 1950

State File No. 3064  
569

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) _____		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) _____		d. STREET ADDRESS (If rural, give location) _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>				d. STREET ADDRESS <b>1443 N. 16th St.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Betty</b>			b. (Middle) _____			c. (Last) <b>Steward</b>			
4. DATE OF DEATH		5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			
Jan. 15 1950		F 3		Col		Widow 2			
8. DATE OF BIRTH <b>Dec. 20, 1873, 76</b>				9. AGE (In years last birth day)		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired)			
76		Miss.		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
Miss.		1		13a. FATHER'S NAME <b>William Garman</b>		13b. MOTHER'S MAIDEN NAME <b>Angeline Garman</b>			
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Floyd Stewart</b>			
ADDRESS <b>4126 W. Bell</b>		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) <b>Arteriosclerotic Gangrene with</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>	
DUE TO (b) <b>Diabetes Mellitus</b>				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>Madison</b> (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <b>11-8</b> , 19 <b>49</b> , to <b>1-15</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>1-15</b> , 19 <b>50</b> , and that death occurred at <b>5:50a</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Montague Lawrence M.D.</b> (Degree or title)				23b. ADDRESS <b>2601 N Whittier St</b>		23c. DATE SIGNED <b>1-17-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan 19/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cem</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis MO</b>			
DATE REC'D BY LOCAL REG. <b>JAN 19 1950</b>				REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>F. G. Green</b> ADDRESS <b>4214 DeBour</b>			

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *F. C. Green* .....

Licensed Embalmer No. *2963* .....

P. O. Address *4214 Dalman* .....

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.