

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32174

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2244</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township OR TOWN <u>Manchester & Lockett Rd.</u>)		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township OR TOWN <u>St. Louis.</u>		<u>2039</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Ozark Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>6535 Pernod Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) _____		c. (Last) <u>Garling</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 20 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb. 26, 1881</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Venedy, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>John Garling</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Rosenbaum</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louis H. Garling 6535 Pernod Ave.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rupture Abdominal Aortic Aneurysm</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Aneurysm</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension, Arteriosclerotic</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> <u>8 months</u> <u>U.S.I.X</u> <u>2 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				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) _____ (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 <u>May 1948</u> , to <u>Sept 1950</u> , that I last saw the deceased alive on <u>Sept 18, 1950</u> , and that death occurred at <u>12:10 P.M.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John S. Matthew MD</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>3707 Watson Rd</u>		23c. DATE SIGNED <u>9-21-50</u>	
24a. BURIAL OR CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 23, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Affton, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-21-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister Colonial Mortuary 646 Chippewa St.</u>			

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

RWR (Licensed Embalmer's Statement on Reverse Side)

Dr. Matthews
1:00 PM

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 *Harry J. Schumacher*.....

Licensed Embalmer No. *2679*.....

P. O. Address *7814 S Broadway*.....

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.