

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2819
Registrar's No. 0381

FILED JAN 26 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) 2 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda General Hospital		STREET ADDRESS (If rural, give location) 5233 Louisiana Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Melissa b. (Middle) Jane c. (Last) Garner			4. DATE OF DEATH (Month) (Day) (Year) January 12, 1952		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH June 15, 1883	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days	IF UNDER 1 WEEK Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Reg. Nurse	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) New Haven, Missouri	12. CITIZEN OF WHAT COUNTRY? America
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13a. FATHER'S NAME Michael Garner	13b. MOTHER'S MAIDEN NAME Elizabeth Plumer	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Nurse WWI	16. SOCIAL SECURITY NO. 489-10-1946	17. INFORMANT'S SIGNATURE OR NAME Mrs Anna Willbong 5233 Louisiana	ADDRESS
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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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pyelitis from rupture diverticulum of colon Antecedent causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) Rheumatic heart disease & auricular fibrillation. 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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Sept 1950, to 1/12, 1952, that I last saw the deceased alive on January 12, 1952, and that death occurred at 9 P. M., from the causes and on the date stated above.

23a. SIGNATURE Thomas Packer M.D. (Degree or title)	23b. ADDRESS 4660 Maryland	23c. DATE SIGNED 1/13/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan 16, 1952	24c. NAME OF CEMETERY OR CREMATORY Jefferson Barracks Cem. St. Louis	24d. LOCATION (City, town, or county) (State) MO
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DATE REC'D BY LOCAL REG. JAN 14 1952	REGISTRAR'S SIGNATURE Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Alexander Sons 6175 Delmar	ADDRESS
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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.....
Student Embalmer

Signed.....

Gas. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.