

FILED FEB 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6396

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1043**

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 town) OR TOWN Saint Louis		c. LENGTH OF STAY (In this place) -----	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4537 San Francisco Avenue		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 2109	
d. STREET ADDRESS 10 4537 San Francisco Avenue, 15.		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) K. c. (Last) Garbs		4. DATE OF DEATH (Month) (Day) (Year) Feb. 1st, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 13th, 1874
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	11. BIRTHPLACE (State or foreign country) Mascoutah, Illinois
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Own Home	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Adam Liebig		13b. MOTHER'S MAIDEN NAME Wilhelmina Mueller	14. NAME OF HUSBAND OR WIFE Late Gottlieb Garbs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Lillian Garbs, 4537 San Francisco Avenue
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>cardio vascular disease</u> ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>senility</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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) (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? 4221			
22. I hereby certify that I attended the deceased from <u>4-12</u> , 19 <u>50</u> , to <u>2-1</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-1</u> , 19 <u>52</u> , and that death occurred at <u>1:40P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. E. Morris M.D.</u>		23b. ADDRESS 4110 W. Flouissant	
23c. DATE SIGNED 2-2-52			
24a. FOR REMOVAL OF BONES (Specify) Removal by Motor		24b. DATE 2/4/52	
24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Mascoutah, Illinois	
DATE REC'D BY LOCAL REG. FEB 4 1952		REGISTRAR'S SIGNATURE <u>Calvin F. Feutz</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F. Feutz</u>		ADDRESS 4828 Natural Bridge Blvd.	

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

Dr. Harvey E. Morris,
4110 W. Florissant Avenue,
Mo. 8824

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 Ralph E. Gindler

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

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.