

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

STANDARD CERTIFICATE OF DEATH

State File No. **9970**
 Registrar's No. **2220**

FILED MAR 29 1952

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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 Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2318a So. Broadway		d. STREET ADDRESS (If rural, give location) 2318a So. Broadway	

3. NAME OF DECEASED (Type or Print)	a. (First) WALTER	b. (Middle) LELAND	c. (Last) GARNER	4. DATE OF DEATH (Month) (Day) (Year)
				March 6, 1952

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 13, 1907	9. AGE (In years last birthday) 44 yrs	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk	10b. KIND OF BUSINESS OR INDUSTRY Warner-Hudnut	11. BIRTHPLACE (State or foreign country) Saint Louis	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME John Bowman Garner	13b. MOTHER'S MAIDEN NAME Inella Goller	14. NAME OF HUSBAND OR WIFE Laura Orzel Garner
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Jan 2, 1924 - 9/22/24	16. SOCIAL SECURITY NO. 328-07-2581	17. INFORMANT'S SIGNATURE OR NAME Laura O. Garner	ADDRESS 2318a So. Broadway
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 10 Months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) Hypertension, Malignant		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	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) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? fall
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22. I hereby certify that I attended the deceased from **Oct. 15, 1951, to Mar 6, 1952**, that I last saw the deceased alive on **Mar 6, 1952**, and that death occurred at **4:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE John B. Garner MD (Degree or title)	23b. ADDRESS 2105 So Broadway	23c. DATE SIGNED 3/9/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation	24b. DATE Mar. 10, 1952	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	24d. LOCATION (City, town, or county) (State) Saint Louis County, Mo.
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DATE REC'D BY LOCAL REG. MAR 10 1952	REGISTRAR'S SIGNATURE Earl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS TRUTH CENTER MORTUARY, 4024 Lindell Blvd.
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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 Ronald Yahnke

Licensed Embalmer No. 3977

P. O. Address Blaine

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.