

APR 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14281
State File No. 2657
Registrar's No.

318 1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		Registrar's No.						
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).										
b. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS				c. LENGTH OF STAY (in this place) 10 DAYS		a. STATE Mo		b. COUNTY ST LOUIS						
d. FULL NAME OF HOSPITAL OR INSTITUTION DE PAUL HOSPITAL				c. CITY (If outside corporate limits, write RURAL and give township) NORMANDY		4181		d. STREET ADDRESS (If rural, give location) MARILLAC SEMINARY						
3. NAME OF DECEASED (Type or Print)			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year)		
SISTER MARGARET GARVEY												MARCH 20, 1952		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH OCT 27, 1861		9. AGE (in years last birthday) 90		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RELIGIOUS				10b. KIND OF BUSINESS OR INDUSTRY DAUGHTER OF CHARITY HARTFORD				11. BIRTHPLACE (State or foreign country) WISCONSIN			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME PATRICK GARVEY				13b. MOTHER'S MAIDEN NAME JOHANNA MURPHY				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) NO				16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME SISTER HENRIETTA MARILLAC						ADDRESS		
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Noed Pancreas ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Obstructive Arteriosclerosis DUE TO (c) Jaundice 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Sclerosis								INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs 6 hrs		
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 157X								
22. I hereby certify that I attended the deceased from Jan 15, 1952, to Feb 10, 1952, and that death occurred at 5:30 a. m., from the causes and on the date stated above.														
23a. SIGNATURE (Degree or title) Dr. S. R. ...				23b. ADDRESS 7267 NATURAL BRIDGE				23c. DATE SIGNED 2/10/52						
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-22-52		24c. NAME OF CEMETERY OR CREMATORY MARILLAC		24d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY MO								
DATE REC'D BY LOCAL REG. MAR 21 1952		REGISTRAR'S SIGNATURE J. Carl Smith				25. FUNERAL DIRECTOR'S SIGNATURE Cullen Kelly				ADDRESS 7267 NATURAL BRIDGE				

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 _____

James G. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.