

18009

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48
MAY 19 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4166**

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) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 4915a Page Ave.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4915a Page Ave.,		6 4915a Page Ave.,	
3. NAME OF DECEASED a. (First) Emma (Type or Print)		b. (Middle) B.	
c. (Last) Garreno		4. DATE OF DEATH (Month) (Day) (Year) May 1 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 17, 1870
9. AGE (In years last birthday) 82		10. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Belleville, Illinois
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME John Heymann	
13b. MOTHER'S MAIDEN NAME Sophia Felkner		14. NAME OF HUSBAND OR WIFE John F. Garreno	
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 Lester Garreno		ADDRESS 4915a Page Ave.,	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension DUE TO (c) arteriosclerosis		
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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 331X

22. I hereby certify that I attended the deceased from **10-1-1950**, to **5-1-1952**, that I last saw the deceased alive on **4-30-1952**, and that death occurred at **8:35P m.**, from the causes and on the date stated above.

23a. SIGNATURE W H White (Degree or title) M.D.	23b. ADDRESS 4 5th above	23c. DATE SIGNED 5-2-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-5-52	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		

DATE REC'D BY LOCAL REG. MAY 5 1952	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Gullinshe Bros.	ADDRESS 3320 N. Kingshighway
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(Licensed Embalmer's Statement on Reverse Side)

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 *Fred Frick*

Licensed Embalmer No. 3186

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.