

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **43430**

FILED JAN 10 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11367**

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 11367 | |
| 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 | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2219 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital | | | | d. STREET ADDRESS (If rural, give location) 2945 Franklin | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Marie | | b. (Middle) _____ | | c. (Last) Garrett | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 6 1952 | |
| 5. SEX Female | | 6. COLOR OR RACE Colored | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | | 8. DATE OF BIRTH Oct. 24, 1864 | |
| 9. AGE (In years last birthday) 88 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (City and State or Foreign Country) Mississippi | |
| 12. CITIZEN OF WHAT COUNTRY? U S A | | 13a. FATHER'S NAME Not known | | 13b. MOTHER'S MAIDEN NAME Not known | | 14. NAME OF HUSBAND OR WIFE None | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Hospital Record | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Cerebral Thrombosis | | DUPLICATE OF (a) Left Cerebral Thrombosis | | | | Undet. | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | | | DUPLICATE OF (b) Generalized Arteriosclerosis | |
| | | DUPLICATE OF (c) Undetermined | | | | DUPLICATE OF (c) Undet. | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | | | DUPLICATE OF (d) None | |
| | | DUPLICATE OF (e) None | | | | DUPLICATE OF (e) None | |
| 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) _____ | | 21f. HOW DID INJURY OCCUR? 332X | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | |
| 22. I hereby certify that I attended the deceased from 11-24 , 19 52 , to 12-6 , 19 52 , that I last saw the deceased alive on 12-6 , 19 52 , and that death occurred at 10 P. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Charles P. Fard (Degree or title) M. D. | | | | 23b. ADDRESS 2601 N. Whittier St. | | 23c. DATE SIGNED 12-8-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removed | | 24b. DATE Dec 19 1952 | | 24c. NAME OF CEMETERY OR CREMATORY Greenwood Cem St Louis | | 24d. LOCATION (City, town, or county) (State) Mo | |
| DATE REC'D BY LOCAL REG. DEC 10 1952 | | REGISTRAR'S SIGNATURE J. C. Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE J. C. Green | | ADDRESS 4214 Delmar | |

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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

F. G. Green

Licensed Embalmer No.

2963

P. O. Address

4214 Delaware

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.