

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26363

State File No.

FILED JUL 31 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 6042

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY	
b. CITY OR TOWN <i>St. Louis, Missouri</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. LENGTH OF STAY (In this place)		2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Luke's Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>19 4314 Maryland</i>	
3. NAME OF DECEASED (Type or Print) <i>Baby Garrett</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May 27 1953</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>May 26, 1953</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>23 55</i>
11. BIRTHPLACE (State or foreign country) <i>St. Louis, Missouri</i>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>James Garrett</i>		13b. MOTHER'S MAIDEN NAME <i>June Thompson</i>	
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)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>James Garrett</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		17. ADDRESS <i>4314 Maryland</i>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Prematurity</i>		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) <i>Premature Abstinence</i>			
DUE TO (c)			
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 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? <i>776X</i>			
22. I hereby certify that I attended the deceased from <i>May 26, 1953</i> , to <i>May 27, 1953</i> , that I last saw the deceased alive on <i>May 27, 1953</i> , and that death occurred at <i>3:50 p.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>John J. Klinggarter, M.D.</i>		23b. ADDRESS <i>5535 Delmar Blvd</i>	
23c. DATE SIGNED <i>6-2-53</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>6-30-53</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, MO.</i>	
DATE REC'D BY LOCAL REG. <i>JUN 17 1953</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Rowland</i>		ADDRESS <i>4104 Manchester</i>	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.