

FILED DEC 22 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43028

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500 Registrar's No. 2827

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town or town) <u>Bridgeton</u>	c. LENGTH OF STAY (in this place) <u>Unk.</u>	c. CITY OR TOWN <u>Bridgeton 4080</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>20 St. Mary's Lane</u>		STREET ADDRESS (If rural, give location) <u>20 St. Mary's Lane</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Margaret</u>	b. (Middle)	c. (Last) <u>Garvens</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Dec. 5 1955</u>
--	----------------------------	-------------	--------------------------	--	--------------------

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 12 1863</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
----------------------	-------------------------------	---	---------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	---	--

13a. FATHER'S NAME <u>William Scahill</u>	13b. MOTHER'S MAIDEN NAME <u>Ann Scahill</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Agnella Tashler</u>	ADDRESS <u>20 St. Mary's Lane</u>
--	-------------------------------------	--	-----------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Yes</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>		
	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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from Nov 15 to Dec 5, 1955, that I last saw the deceased alive on Nov 15, 1955, and that death occurred at 12:30 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>S. Samuel, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Overland, Mo.</u>	23c. DATE SIGNED <u>12-5-55</u>
---------------------------------------	-------------------	-----------------------------------	---------------------------------

24a. BURIAL CEMETERY <u>Calvary</u>	24b. DATE <u>12/8/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
-------------------------------------	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>12-5-55</u>	REGISTRAR'S SIGNATURE <u>Robert R. Lombardi</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sullivan's</u>	ADDRESS <u>2849 No. Euclid Ave.</u>
---	---	--	-------------------------------------

41. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

0.300  
0.48

Mr. A. E. Paul  
2573 Hoodway  
Nov 7. 4. 6. 6.  
2-41<sup>m</sup>

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.....  
Signature of Student Embalmer

Signed *Albert Mayfield*  
Licensed Embalmer No. *30*  
P. O. Address *W. Lowe*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.