

FILED MAY 1 - 1957

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

14697

STATE FILE NUMBER

318

1003

3368

Registration District No. _____ Primary Registration District 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, give TOWNSHIP only) OR TOWN ST. LOUIS | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. STATE Mo b. COUNTY ST. LOUIS | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES Hosp. | | | | Length of stay in lb 16 DAYS | | d. STREET ADDRESS (If outside, give location) 1363 GRANT RD | |
| 3. NAME OF DECEASED (Type or print) MARJORIE V GARRETT | | | | 4. DATE OF DEATH 4 5 57 | | Month Day Year | |
| 5. SEX F | | 6. COLOR OR RACE W | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH 5-11-1905 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | | | 10b. KIND OF BUSINESS OR INDUSTRY AT HOME | | 9. AGE (In years last birthday) 51 | |
| 11. BIRTHPLACE (City and state or country) ROCHESTER - N.Y. | | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13. FATHER'S NAME FREDERICK COLLINS | | | | 14. MOTHER'S MAIDEN NAME UNKNOWN - BUSTIN | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO | | | | 16. SOCIAL SECURITY NO. 489-28-1985 | | 17. INFORMANT DAVE GARRETT - 1363 GRANT RD. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peritonitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Colectomy DUE TO (c) Hemorrhage from diverticuli PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hypertension and adrenal hyperfunction | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 wks |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 572.1 | | | | |
| 20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from August 1955 to 4-5-57 and last saw her alive on 4-5-57 Death occurred at 11-P on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (In case or title) Charles Miller, M.D. | | | | 22b. ADDRESS 206 N. Clay, Kirkwood | | 22c. DATE SIGNED 4-6-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 23b. DATE 4-8-57 | 23c. NAME OF CEMETERY OR CREMATORY OAK HILL CEM | | 23d. LOCATION (City, town, or county) (State) ST. LOUIS Co Mo | | |
| 24. FUNERAL DIRECTOR JAY-B-SMITH - Maplewood 17 Mo. | | | | 25. DATE RECD. BY LOCAL REG. APR 8 '57 | | 26. REGISTRAR'S SIGNATURE Carl Smith, Mo | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Health, Welfare, Public Service

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securing the medical certificate in this specific manner required by law.

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 *J. Allen Davis*.....

Licensed Embalmer No. *46*.....

P. O. Address *St. La*.....

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.