

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-030409
 State File No. 7439
 Registrar's No.

FILED AUG 28 1958

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

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, Mo.		c. CITY OR TOWN St. Louis,		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) 16 Yrs 8 Mo		e. STREET ADDRESS 5800 Arsenal			
d. FULL NAME OF HOSPITAL OR INSTITUTION 26 St. Louis Chronic Hospital		f. (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Louis		b. (Middle)		c. (Last) Garbarino	
4. DATE OF DEATH July 27 1958		5. SEX Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Jan. 7th 1875		9. AGE (In years last birthday) 83 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) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Joseph Garbarino		13b. MOTHER'S MAIDEN NAME Isabella (Unknown)	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME St. Louis Chronic Hosp.		18. NAME OF HUSBAND OR WIFE		ADDRESS St. Louis, Mo.	
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) <i>Arteriosclerotic Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH 15 yrs.	
ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		DUE TO (c) <i>Generalized Arteriosclerosis</i>		15 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Chr. Pyelonephritis</i>				1 yr.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0		20. AUTOPSY? YES <input checked="" 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 November 4, 1941 to July 27, 1958, that I last saw the deceased alive on July 27, 1958, and that death occurred at 2:35 P.M., from the causes and on the date stated above.					
23a. SIGNATURE <i>John W. Beckham M.D.</i>		(Degree or title)		23b. ADDRESS 5800 Arsenal	
23c. DATE SIGNED 7/28/58		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 30, 58	
24c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cem.		24d. LOCATION (City, town, or county) Crystal City, Missouri			
DATE REC'D BY LOCAL REG. JUL 30 '58		REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE Gady Funeral Home	
				ADDRESS Crystal City, Mo.	

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
Signature of Student Embalmer

Signed *Harvey Fable*
Licensed Embalmer No. *4596*
P. O. Address *Elmwood*

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.