

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011826

STATE FILE NUMBER

APR 6 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 494

1. PLACE OF DEATH a. COUNTY St. Louis County			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Koch		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Robert Koch Hospital		Length of stay in lb 407 days	d. STREET ADDRESS (If outside, give location) 1319 South 8th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Mary Middle Last Garner			4. DATE OF DEATH Month January Day 16 Year 1959		
5. SEX female	6. COLOR OR RACE colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7-31-88	9. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unk.		10b. KIND OF BUSINESS OR INDUSTRY unk.	11. BIRTHPLACE (City and state or country) ? 9		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Willie Williams			14. MOTHER'S MAIDEN NAME Ann Rogers		
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 Records of Robert Koch Hospital		

MEDICAL CERTIFICATION	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirrhosis of Liver with Decompensation				INTERVAL BETWEEN ONSET AND DEATH 2 yrs?
	DUE TO (b) Chronic Alcoholism				
	DUE TO (c) 581-1				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Esophageal Varices? Rupture? Ascites; Arteriosclerotic Heart				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
	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.)			
20c. TIME OF INJURY Hour _____ Month, Day, Year a. m. _____ 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 12-4-57 , to 1-16-59 and last saw ^{her} him alive on 1-16-59 Death occurred at _____ p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Howard H. Russell, M.D. (Degree or title)		22b. ADDRESS Koch Hosp Keokuk		22c. DATE SIGNED 1/16/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) ANATOMICAL BOARD ANATOMICAL	23b. DATE 2-16-59	23c. NAME OF CEMETERY OR CREMATORY ST LOUIS	23d. LOCATION (City, town, or county) (State) MO.		
24. FULL NAME OF FUNERAL HOME Howard Aker Mortuary Service		25. DATE RECD. BY LOCAL REG. 2-20-59	26. REGISTRAR'S SIGNATURE John C. Murphy, M.D.		

4104 Manchester Ave.

St. Louis 10, Mo.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.