

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037611

FILED VS. OCT 19 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 9193**

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, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 17 years		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 DOA. Phillips Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4258 E. Maffitt Ave.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EFFRICE GARNER				4. DATE OF DEATH Month Day Year October 2, 1959			
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/17/31	9. AGE (last birthday) 28	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR 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 Cousins Constr.		11. BIRTHPLACE (City and state or country) Tillato, Miss.		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Will Garner			13b. MOTHER'S MAIDEN NAME Fronie Lee			14. NAME OF HUSBAND OR WIFE Etta Garner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korean War			16. SOCIAL SECURITY NO. 495-28-5366		17. INFORMANT Address Etta Garner 4258 E. Maffitt Ave.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shot wound of heart							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Stuffed when stabbed with knife in heart of Betty Washington (sister) in tavern at 916 North Sarah Street, about 1:00 a.m., October 2nd, 1959.					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter address of injury in PART I or PART II of item 18) in heart of Betty Washington (sister) in tavern at 916 North Sarah Street, about 1:00 a.m., October 2nd, 1959.					
20c. TIME OF INJURY Hour a.m. 1:00 Month, Day, Year 10 2 59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Tavern		20f. CITY, TOWN, OR LOCATION St Louis Mo		COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree optional) Reginald Finney				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 10/1/59	
22b. BURIAL, CREMATION, REMOVAL (Specify) Removal		22c. DATE 10/8/59	22d. NAME OF CEMETERY OR CREMATORY National Cemetery		22e. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.		
24. FUNERAL DIRECTOR Charles J. Gates			ADDRESS 4107 Finney	25. DATE RECD. BY LOCAL REG. OCT 6 '59		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Gupton Livan

Licensed Embalmer No. 4580

P. O. Address 4107 Finney Av

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.