SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5620 STATE FILE NUMBER 61-022573

FILED JUN 26 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis-Little Rock Hospital, Inc.
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Franklin
c. CITY OR TOWN: Washington
Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): RR #1 East
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Gustave Middle: Charles Last: Garbs
4. DATE OF DEATH: Month: June Day: 14 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 3-20-1896
9. AGE (last birthday): 65
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): Pensr. Kr Gang Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and state or country): Berger, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Peter Garbs
13b. MOTHER'S MAIDEN NAME: Frances Miller
14. NAME OF HUSBAND OR WIFE: Bertha Ann Garbs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
17. INFORMANT: Bertha A. Garbs, Address: Washington, Mo.

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): Pulmonary Edema
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Congestive heart fa ilure
DUE TO (c): Arteriosclerotic heart disease 420.0H
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Myelogenous leukemia
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 1958 to June 14, 1961 and last saw him alive on June 14, 1961
Death occurred 11:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [signature] (Degree or title): M.D.
22b. ADDRESS: 1755 S. Grand Blvd.
22c. DATE SIGNED: 6-14-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 6-17-61
23c. NAME OF CEMETERY OR CREMATORY: St. Francis Cemetery
23d. LOCATION (City, town, or county) (State): Washington, Mo.
24. FUNERAL DIRECTOR ADDRESS: Nieburg - Vitt Funeral Home, Washington, Mo.
25. DATE REC'D. BY LOCAL REG.: JUN 15 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

JUN 26 1961

JUL 19 1961

JUL 6 1961

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_____ Signed Harvey Kahle

Signature of Student Embalmer

Licensed Embalmer No. 4596

P. O. Address St Louis, Mo

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.