MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037554

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9076

FILED SEP 19 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	2		2/19
3			
4	2		
5	1		
6			
7	0		
8	1		
9			
10			
11			
12	83-0		
13			

83

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Length of stay in 1b: 28 HOURS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VAH, ST. LOUIS, MO. — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY
c. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location): 4230E NORTH MARKET — Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First CHARLIE Middle Last GARNER
4. DATE OF DEATH: Month SEPTEMBER Day 5, Year 1963
5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. Married XX Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/28/97
9. AGE (last birthday): 66 — 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): CHAIN MAN (RET)
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (City and state or country): PERRYVILLE, MO.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: GEORGE GARNER
13b. MOTHER'S MAIDEN NAME: EVELYN FARR
14. NAME OF HUSBAND OR WIFE: ALICE GARNER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of servi): WW I
16. SOCIAL SECURITY NO.:
17. INFORMANT: ALICE GARNER Address: SEE 2D

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): MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CONGESTIVE HEART FAILURE — SEVERAL MO.
DUE TO (c): ARTERIOSCLEROTIC HEART DISEASE, HYPERTENSION
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.0
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES XX 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 9/3/63, to 9/5/63 and last saw him alive on 9/5/63
Death occurred at 10:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Karl Stecher M.D. (Degree or title): MD
KARL STECHER, M.D.
22b. ADDRESS: VAH, ST. LOUIS, MO.
22c. DATE SIGNED: 9/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-12-1963
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county) (State): Jefferson Bks., Missouri

24. FUNERAL DIRECTOR ADDRESS: Ellis Funeral Home-2820 Stoddard St.
25. DATE RECD. BY LOCAL REG.: SEP 10 1963
26. REGISTRAR'S SIGNATURE: Karl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Fulton E. Griffin

Licensed Embalmer No. 4198

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.