

R 24 1939

3RD MAY 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16206
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784
(b) Township Carondelet Primary Registration District No. 225
(c) City Jefferson Barracks (d) Street No. Vet Hosp St. Unkn.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

Registered No. 738

2. PRINT FULL NAME Pearl Garrison

(a) Residence, No. 625 St. Staalville, Missouri.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Phoebe Garrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29, 1893
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 46 2 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. -
10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) Leasburg,
(STATE OR COUNTRY) Missouri.

FATHER 13. NAME George Garrison
14. BIRTHPLACE (CITY OR TOWN) Leasburg,
(STATE OR COUNTRY) Missouri.

MOTHER 15. MAIDEN NAME Amelia Brand
16. BIRTHPLACE (CITY OR TOWN) Not known
(STATE OR COUNTRY) Not known

17. INFORMANT Clina Sclerk V.F., Jefferson
(ADDRESS) Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Staalville Mo DATE April 26, 1939

19. FUNERAL DIRECTOR (NAME) St. Louis
(ADDRESS) St. Louis

20. FILED APR 24 1939
W.R. Maynard
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1939
22. I HEREBY CERTIFY, That I attended deceased from February 16, 1939 to April 24, 1939
I first saw him alive on April 24, 1939 Death is said to have occurred on the date stated above, at 7:55A. m.
The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease, aortic insufficiency with relative mitral insufficiency.
Date of onset Unkn.
Other contributory causes of importance: 34
Syphilis, tertiary. Unkn.

Name of operation None Date of -
Phys. clinical mani. and lab.
What test confirmed diagnosis? - Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? - Date of injury -
Where did injury occur? - (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury -
Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? -
If so, specify -
(Signed) E. W. Hughes, Chief Med. Officer, M. D.
(Address) V.F., Jefferson Barracks, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.**