

FILED SEP 25 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis Mo.
 (b) City or town St. Louis Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2340 S 9th St. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
Life. (Specify whether)
 In this community _____
 years, months or days)

8. (a) PRINT FULL NAME Mary Nellie Garrison
 (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 11 1940
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 21 _____ hr. _____ min.

9. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Garrison
 { 13. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Clara Foetz
 { 15. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Thomas Garrison
 (b) Address 2340 S 9th St.

17. (a) Burial (b) Date thereof Aug. 3/40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Mrs. Ruth's Son
 (b) Address 2906 Gravois Ave.

19. (a) AUG 2 1940 (b) J. P. Bradeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County _____
 (c) City or town St. Louis. 23
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2340 S 9th St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1st
 year 1940 hour 2 00 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from July 30, 19 40 to August 1, 19 40
 that I last saw her alive on August 1, 19 40
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to _____
 Due to _____

Other conditions None
 (Include pregnancy within 3 months of death)

Major findings: None performed
 Of operations _____
None performed
 Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature W. J. ... (M. D. _____)
 Address 3258 Lafayette Ave. Date signed 8-2-40

Dr. J. M. Muller
325 E. Parkway
St. Louis

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

Leo Budde

Registered Apprentice No.

working under my personal supervision.

Signed

Leo Budde

Licensed Embalmer No. *3989*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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