

FILED DEC 15 1942

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

38745

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **318**
 (b) Township Primary Registration District No. **1003**
 (c) City St. Louis, Missouri (d) Street No. Missouri Baptist Hospital St. **10255**
 (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Grover Garrison

(a) Residence, No. St. Ironton, 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 Beenie Garrsion -52 years

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-3-1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra. ormin.
55 7 4

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) Cole County
 (STATE OR COUNTRY) Illinois

13. NAME Elmer Garrison

14. BIRTHPLACE (CITY OR TOWN) Cole County
 (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Julia Stewart

16. BIRTHPLACE (CITY OR TOWN) Cole County
 (STATE OR COUNTRY) Illinois

17. INFORMANT Alvia Garrison
 (ADDRESS) Perryville, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ironton, Mo DATE 12/10/42

19. FUNERAL DIRECTOR (NAME) Albert H. Honne In
 (ADDRESS) 4700 Washington Blvd

20. FILED DEC 15 1942 J. F. Brinson
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7-42

22. I HEREBY CERTIFY, That I attended deceased from 12-2, 1942 to 12-7, 1942
 I last saw him alive on 12-7, 1942 Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

General Peritonitis

Date of onset
12/2/42

Other contributory causes of importance:
Acute (perforated) appendicitis

Nov 30/42

Name of operation Appendectomy Date of 12-2-42
 What test confirmed diagnosis? Operation 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 _____, 19____
 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? no
 If so, specify _____

(Signed) John D. Hyman M. D.
 (Address) Metropolitan Hotel

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X14623

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 _____

G. W. Wilkin

Licensed Embalmer No. 3575

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.