

FILED JUN 4 1943 318

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Stone Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No..... 6109 Wagner Avenue.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31, 1943
year..... hour 9:00 minute A M.
21. I hereby certify that I attended the deceased from Sept
1942 to 5-21, 1943
that I last saw him alive on 5/20/43, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Multiple Atherosclerosis 6 mo.

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
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)
(c) Means of injury.....
23. Signature..... (M. D. or other) 70. D
Address..... 5899 Delmar Date signed 5-21-43

3. (a) PRINT FULL NAME Ila May Garrison
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Troy C. Garrison 6. (c) Age of husband or wife if alive. 64 years
7. Birth date of deceased. June 27, 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 10 34 hr. min.

9. Birthplace. Huey Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business.....

MOTHER FATHER { 12. Name. John Martin
13. Birthplace. Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name. Unknown
15. Birthplace. Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant. Troy C. Garrison
(b) Address. 6109 Wagner Avenue.

17. (a) Burial (b) Date thereof. May 24, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Lake Charles Cemetery

18. (a) Signature of funeral director. Shepard Funeral Home
(b) Address. 1167 Hamilton Avenue.

19. (a) MAY 23 1943 (b) J. F. Brobeck
(Date received local registrar) (Registrar's signature)

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

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

Henry M. Brammer

Licensed Embalmer No.

4200

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, fact should be so stated above.