

FILED APR 20 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12561

State File No.

3250

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:  
4012 Delmar Blvd. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... Life time  
years, months or days (Specify whether)

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. 4012 Delmar Blvd.  
(If rural, give location)  
(e) Citizen of foreign country?..... No. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... Mary Alice Garrison Booth,

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..... 2 divorced Widow

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... September 16, 1845  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
98 6 20 hr. min.

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

10. Usual occupation..... Housewife,

11. Industry or business.....

12. Name..... Daniel RL Garrison,

13. Birthplace..... New York, /  
(City, town, or county) (State or foreign country)

14. Maiden name..... Anne C. Noye,  
(City, town, or county) (State or foreign country)

15. Birthplace..... Buffalo, New York, /  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. E. Anson More,  
(b) Address..... 4756 Westminster Pl.

17. (a) burial (b) Date thereof..... 4/8/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Bellefontaine Cem.

18. (a) Signature of funeral director..... Wagoner Mortuary.  
(b) Address..... 4161 Lindell Blvd.

19. (a) APR 7 1944 (b) J.F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... April day..... 6  
year..... 1944 hour..... 4 minute..... 40 A. M.

21. I hereby certify that I attended the deceased from..... Mar. 15  
1944, to..... April 6, 1944  
that I last saw her alive on..... April 5, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Chronic myocardial degeneration  
Senility  
Due to..... arterio-sclerosis  
Bronchitis

Duration  
chr.  
chr.  
chr.  
3 mks.

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

PHYSICIAN

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

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..... Wright L. Jennings, M.D. (M. D. or other)  
Address..... 4060 Maryland Date signed..... 4.6.44

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

MOTHER FATHER

---

---

**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 *Melvin J. Kemper*  
Licensed Embalmer No. *4052*  
P. O. Address *4005 Lafayette*

**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.**