

FILED DEC 6 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40996

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>546</u>		Registrar's No. <u>3056</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Louis</u>			
c. LENGTH OF STAY (In this place) <u>27 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>		d. STREET ADDRESS (If rural, give location) <u>2519-Spencer Avenue</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2519-Spencer Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>2519-Spencer Avenue</u>					
3. NAME OF DECEASED			4. DATE OF DEATH						
a. (First) <u>Walter</u>		b. (Middle) <u>Raymond</u>		c. (Last) <u>Garrison</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 25, 1952</u>			
(Type or Print)									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 10, 1902</u>			
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pac. R.R.</u>			11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Daniel J. Garrison</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth L. Wederbrook</u>		14. NAME OF HUSBAND OR WIFE <u>Esther E. Garrison</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-14-6704</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Esther E. Garrison</u>				ADDRESS <u>2519-Spencer Overland, Mo.</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>						<u>1 day</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						<u>year</u>	
		DUE TO (b) <u>Arteriosclerosis</u>							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death.						<u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>11-25</u> , 1952, to <u>11-25</u> , 1952, that I last saw the deceased alive on <u>11-23</u> , 1952, and that death occurred at <u>11:30 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Ray A. Walther st. M.D.</u>				23b. ADDRESS <u>Overland, Mo.</u>			23c. DATE SIGNED <u>11-26-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-28-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wellston, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11-28-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke, M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Baumann Bros. Inc. 2501 Woodson Ba. Overland-11-Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY - USING 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 3457

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3457

P. O. Address Overland 147

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.