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

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FEB 8 1937

Registration District No. 791

Primary Registration District No. 1003

File No. 4263

Registered No. 1330

1. PLACE OF DEATH

County

Township

City St. Louis, (No. City Hospital No. 1 St. Ward)

B. 15395

2. FULL NAME David Garrison

(a) Residence, No. 3401 Morganford St., ~~16~~ Ward. 15 1

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	siggle

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2, 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
65	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil 999

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Occupation Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER

13. NAME John Garrison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

MOTHER

15. MAIDEN NAME ?Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Unknonw 31

17. INFORMANT Hosp. Info. M. H. Kent

(ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington U. DATE 1-28 1937

19. UNDERTAKER W. Richter

(ADDRESS) 2570 Rutger St.

20. FILED JAN 29 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/25/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/22/37, 19 to 1/25/37, 19

I last saw him alive on 1/25/37, 19 Death is said to have occurred on the date stated above, at 9.40 a.m.

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

Degenerative heart disease

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) Geo. J. Sachs, M. D.

(Address) City Hospital No. 1

N. B.—Every item of information should be carefully supplied. Avoid abbreviations. Write out the words. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.