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JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. 790 — File No. 24866

Township — Primary Registration District No. 6033a — Registered No. 195

City Clayton (No. 8 Brentmoor Park St. Ward)

2. FULL NAME Mary S. Garrison, 2

(a) Residence, No. 8 Brentmoor Park St., 1 Ward.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oliver L. Garrison. 1861

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, ~~1937~~ 1862

7. AGE: YEARS 75 — MONTHS 10 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

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OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME John S. Siegrist
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER

15. MAIDEN NAME Mary Farrar
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans, La.

17. INFORMANT (ADDRESS) Elizabeth R. Garrison 81 Aberdeen Pl.

18. BURIAL, ~~CREMATION OR REMOVAL~~
PLACE Bellefontaine DATE June 3, 1937

19. UNDERTAKER (ADDRESS) Wagoner Undertaking Co. 3621 Olive St.

20. FILED 6/2 1937 Osa J. Signorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1935, to June 1, 1937

I last saw her alive on June 1, 1937. Death is said to have occurred on the date stated above, at 6:30 P.m.

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

	Date of onset
Chronic myocarditis with paroxysmal auricular fibrillation	Dec. 1934

Other contributory causes of importance: 93C

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? no

If so, specify .....

(Signed) Anthony B. Day, M. D.

(Address) 3720 Washington University

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.

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