

630 NOV 13 1939 791

Registration District No. 1009

Primary Registration District No. _____

Registrar's No. 8682

1. PLACE OF DEATH:

(a) County 1
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G. Philline
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 5 months
 years, months or days

3. (a) PRINT FULL NAME James Garrison 625

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race Negro 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased April 15, 1939
(Month) (Day) (Year)8. AGE: Years _____ Months 5 Days 28 If less than one day _____ hr. _____ min.9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name James Garrison13. Birthplace Miss.
(City, town, or county) (State or foreign country)14. Maiden name Minnie Borden
(City, town, or county) (State or foreign country)15. Birthplace Miss.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature James Garrison(b) Address 218 Barry St17. (a) Washington Park (b) Date thereof Oct. 11, 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Atkins Bros(b) Address 3644 Frimery19. (a) OCT 11 1939 (b) _____
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 1
 (c) City or town St. Louis 23
 (If outside city or town limits, write "RURAL")
 (d) Street No. 218 Barry
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 6
year 1939 hour 7:50 minute _____ P. _____ M. _____21. I hereby certify that I attended the deceased from
10-6, 1939, to 10-8, 1939
that I last saw him alive on 10-8, 1939:
and that death occurred on the date and hour stated above.Immediate cause of death _____
Meningitis (prob. Pneumococci)
Pyelitis (Non Calculous)
Due to Bilateral Otitis MediaDue to _____
Other conditions _____
(Include pregnancy within 3 months of death) 133aMajor findings: _____
Of operations _____Of autopsy Meningitis

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 G.E. Peace (M. D. or other) 1
Address 2601 N. Whittier Date signed 10-10-39

Duration

TYPE 47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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, above space should be left blank.