

WRITE PLAINLY—USE UNFADING INK—MAKE 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.

Registration District No. 784 Primary Registration District No. 101

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Clayton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
81 Aberdeen Place  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days) Lifetime

3. (a) PRINT FULL NAME Oliver Lawrence Garrison  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Elizabeth R. Garrison  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Aug. 28th 1880  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>4</u>	<u>10</u>	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_  
 12. Name Oliver L. Garrison  
 13. Birthplace St. Louis Mo  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary S. Siegrist  
 15. Birthplace St. Louis Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Oliver L. Garrison III  
 (b) Address 47 Aberdeen Place

17. (a) Burial (b) Date thereof Jan 10th  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director: Wagoner Und Co  
 (b) Address 3621 Olive Street

19. (a) JAN 10 1940 (b) R. M. ...  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis  
 (c) City or town Clayton  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 81 Aberdeen Place  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8  
 year 1940 hour 1:00 P. M. minute 0

21. I hereby certify that I attended the deceased from  
April, 1939, to Jan 8, 1940;  
 that I last saw him alive on January 6, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Hypertensive heart disease  
 Due to Hypertension

Duration  
1 yr

Due to \_\_\_\_\_  
 Other conditions  
 (Include pregnancy within 3 months of death)  
95/2

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 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)  
 Means of injury \_\_\_\_\_  
 23. Signature Anthony P. Ray (M. D. or other) \_\_\_\_\_  
 Address 3720 Washington Blvd Date signed 1-9-40

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**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 *Neville B. Prohivetter*

Licensed Embalmer No. *3696*

P. O. Address *3621 Olive St*

**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.**