

4-13-40  
-17-39  
I X23159

Registration District No. **111**

Primary Registration District No. **111**

Registrar's No. **2179**

1. PLACE OF DEATH: **St Louis**

(a) County **St Louis**

(b) City or town **Richmond Heights**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St Mary's Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day**  
(Specify whether)

In this community **1 year**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St Louis**

(c) City or town **St Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4211 Vista**  
(If rural, give location)

(e) If foreign born, how long in U. S. A. **1** years.

3. (a) PRINT FULL NAME **Peggy Lee Garrison**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **NO**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **25**  
year **1941** hour **8** minute **45** A. M.

21. I hereby certify that I attended the deceased from **Oct 24**  
1941, to **Oct 25** 1941;  
that I last saw her alive on **Oct 25** 1941;  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Oct 13 1940**  
(Month) (Day) (Year)

Immediate cause of death **Suffocation**

Due to **Aspirated Vomitus**

8. AGE:	Years	Months	Days	If less than one day
	<b>1</b>	<b>0</b>	<b>12</b>	hr. min.

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

10. Usual occupation **INFANT**

Other conditions **1142**  
(Include pregnancy within 3 months of death)

Major findings: **2**

11. Industry or business \_\_\_\_\_

12. Name **LABRAIN GARRISON**

13. Birthplace **Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **IDA MEDLIN**  
(City, town, or county) (State or foreign country)

15. Birthplace **KENTUCKY**  
(City, town, or county) (State or foreign country)

Of autopsy **Patchy Pulmonary Atelectasis**

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? \_\_\_\_\_

16. (a) Informant **Jola Garrison**

(b) Address **4211 Vista**

17. (a) **BURIAL** (b) Date thereof **Oct 27 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ST MATTHEWS CEM**

18. (a) Signature of funeral director **EJ. SCHWAR**

(b) Address **LA FAYETTE**

19. (a) **OCT 27 1941** (b) **J. Mc. Danan**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature **Wm. C. Macdonald** (M. D. or other) **DMD**

Address **St. Mary's Hosp.** Date signed **10-27-41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

76  
8  
2

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**