

FILED MAY 13 1942

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3937

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 year 21 days
(Specify whether
In this community 25 years
years, months or days)

3. (a) PRINT FULL NAME Vivian Garrett

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

5. Color or race Female NGRB 6. (a) Single, widowed, married, divorced. SINGLE

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

7. Birth date of deceased. 1 15 1888
(Month) (Day) (Year)

8. AGE: Years 54 Months 3 Days 15 If less than one day hr. min.

9. Birthplace BRADWIN KENTUCKY
(City, town, or county) (State or foreign country)

10. Usual occupation UNEMPLOYED

11. Industry or business.....

MOTHER FATHER { 12. Name PETER GARRETT
13. Birthplace LOUISVILLE - KENTUCKY
(City, town, or county) (State or foreign country)
14. Maiden name SALENE WILLIAMS
15. Birthplace LOUISVILLE - KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant: Bulah Walton
(b) Address H 308 Finney

17. (a) BURIAL (b) Date thereof 5-11-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK CEM

18. (a) Signature of funeral director Raymond K. Hunsbarger
(b) Address 3704 FINNEY

19. (a) MAY 3 1942 (b) J. F. Busch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town. St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 4358 Finney Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29,
year 1942 hour 7 minute 05 A. M.

21. I hereby certify that I attended the deceased from April 8,
1941 to April 29, 1942
that I last saw her alive on April 29, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration abt. 15 yrs.

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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)
(c) Means of injury.....

23. Signature J. W. Johnson (M. D. or other)
Address 2601 W. Ballou Date signed 5/30/42

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

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

Ronald V. Atkinson

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, fact should be so stated above.