

FILED NOV 29 1943
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9977

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(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 12 days
In this community 23 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Eli Garrett

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

4. Sex Male 2/5. Color or race Colored 6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased May 2, 1864 (Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 10 If less than one day hr. min.

9. Birthplace Ala. 1 (City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business Nil

MOTHER FATHER

12. Name Authur Garrett 9
13. Birthplace Unknown 9
14. Maiden name Esther Garrett
15. Birthplace Unknown 9

16. (a) Informant Hospital Records

(b) Address 2601 Whittier St

17. (a) Burial (b) Date thereof 11-15-43 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director McDowell

(b) Address 1714 N. Taylor Ave

19. (a) NOV 15 1943 (b) J. B. Budick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, Missouri
(d) Street No. 3939 R. Delmar (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12, year 1943 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from October 31, 1943 to November 12, 1943 that I last saw him alive on November 12, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertension Arteriosclerosis

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) (e) Means of injury _____

23. Signature S. E. Smith (M. D.) Address 2601 Whittier Date signed 11/15/43

Duration Unknown Unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

William C. McDowell..... Registered Apprentice No.....
working under my personal supervision.

Signed *William C. McDowell*.....

Licensed Embalmer No. *2114*.....

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.