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K21482

FILED MAR 20 1948

Registration District No. 8718 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Prosser Hotel / 4903 Delmar Blvd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 7 yrs
years, months or days

3. (a) PRINT FULL NAME Georgia W. Garrett

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

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased June 19 1852
(Month) (Day) (Year)

8. AGE: Years 91 Months 8 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Paris Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher (Retired)

11. Industry or business _____

12. Name Albert S. Williams

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

14. Maiden name Susan R. Lowrey

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

16. (a) Informant Mrs Pearl M. Farlane

(b) Address 4903 Delmar Blvd

17. (a) removal (b) Date thereof Mar 9 - 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield Ill

18. (a) Signature of funeral director Sam Miller

(b) Address 5041 Delmar

19. (a) 23 1944 J. F. Fredrick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4903 Delmar
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1944 hour 7 minute 10 a.m.

21. I hereby certify that I attended the deceased from Feb 28/43
_____ 1943 to March 6 1944

that I last saw her alive on March 5 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia

Due to Arteriosclerosis

Due to SB

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

Major findings: Of operations _____

Of autopsy no

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 Harry D. Ingers (M. D. or other)

Address 4903 Delmar Date signed 3/8/44

Duration
Indefinite
Indefinite
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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed V E Morris

Licensed Embalmer No. 3360

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, above space should be left blank.