V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 83 1947

Registration District No. .....

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 20342

Registrar's No. 1646

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 1/25/46 (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Creve Coeur, Mo. (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. RR #2,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME GARRISON, Calvin
3. (b) If veteran, name war WW-2
3. (c) Social Security No. 499-03-3513
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel Garrison
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased July (Month) 3 (Day) 1916 (Year)

8. AGE: Years	Months	Days	If less than one day
31	—	26	....hr. ....min.

9. Birthplace Steelville, Mo. (City, town, or county) U (State or foreign country)
10. Usual occupation Truck driver
11. Industry or business Fred Schmidt Material Co.
FATHER
12. Name Wesley B. Garrison
13. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Clara Barker
15. Birthplace Unknown (City, town, or county) Mo (State or foreign country)
16. (a) Informant Registrar, Vet.Adm.Hosp.,
(b) Address Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem. Jeff. Barracks
18. (a) Signature of funeral director Chas.F.Stuart & Sons
(b) Address 1225 Union, St.Louis, Mo.
19. (a) 8-4-47 (Date received local registrar) (b) Beulah Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1947 hour 2:00 minute P.M.
21. I hereby certify that I attended the deceased from 1/25/46 ....., 19..... to 7/29/47 ....., 19.....;
that I last saw him alive on 7/29/47 ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death CARCENOMA OF RECTUM & METASTASIS — Duration Unk
Due to Uremia
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Major findings: Of operations abdominal perineal resection of rectum July 1946
Of autopsy Autopsy performed (see cause of death)

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature L. T. Stilwell (M. D. or other)
Address Vet.Adm.Hosp., Jeff.Brks.Mo. Date signed 7/29/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

AUG 8 1947

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 Ernest W. Spillard

Licensed Embalmer No. 4080

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.