No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

2533

State File No. 25

FILED JAN 16 1948

Registration District No. 318

Primary Registration District No. 100

Registrar's No.

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 5 days (Specify whether

In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County add

(c) City or town St. Louis, 17 (If outside city or town limits, write "RURAL")

(d) Street No. Park Plaza Hotel, 9 (If rural, give location)

(e) Citizen of foreign country? No. 12 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Arthur C. Garrison,

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Frances B. Garrison

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 20, 1869. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	5	12	hr. min.

9. Birthplace Brooklyn N. Y. (City, town, or county) (State or foreign country)

10. Usual occupation Executive Gen. Electric

11. Industry or business Retired

FATHER
12. Name Daniel Garrison
13. Birthplace New York City (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Harriet Beardslee
15. Birthplace New Jersey (City, town, or county) (State or foreign country)

16. (a) Informant Mrs A. C. Garrison

(b) Address Park Plaza Hotel

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/48 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Wagoner Mortuary

(b) Address 4161 Lindell Blvd.

19. (a) JAN 3 1948 (Date of local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2 year 1948 hour 3 30 minute A.M.

21. I hereby certify that I attended the deceased from Sept 1939 19 to 1-2-48 19 that I last saw him alive on Jan 2 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to

Due to Generalized Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 93

Of autopsy

Duration

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)

(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 0

23. Signature Carl J. Ken (M. D. or other)

Address Humboldt Bldg Date signed 1-2-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Robert T. Simpler

Licensed Embalmer No. 4290

P. O. Address St. Louis Mi

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.