

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6103

1475

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>1475</b>				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b>		4376				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>8116 Stratford Avenue</b>				/		
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPH</b>			b. (Middle) <b>E</b>		c. (Last) <b>GARRISON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2 9 51</b>			
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Aug. 1, 1900</b>		9. AGE (In years last birthday) <b>50</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>district manager</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Universal Pictures</b>		11. BIRTHPLACE (State or foreign country) <b>Duluth, Minnesota</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13a. FATHER'S NAME <b>unknown Garrison</b>			13b. MOTHER'S MAIDEN NAME <b>unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Helen Zack Garrison</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WWI #1</b>			16. SOCIAL SECURITY NO. <b>497-07-5975</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Helen Garrison</b>				ADDRESS <b>8116 Strafford Ave</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage, subarach</b>						INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio-sclerosis - probable</b>						unbr.		
		DUE TO (c) _____								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>330X</b>						
22. I hereby certify that I attended the deceased from <b>2-1-1951</b> , to <b>2-9-1951</b> , that I last saw the deceased alive on <b>2-9-1951</b> , and that death occurred at <b>4:00 a.m.</b> , from the causes and on the date stated above.										
23a. SIGNATURE <b>W.D. Corbridge M.D.</b>				(Degree or title) _____		23b. ADDRESS <b>4952 Maryland</b>		23c. DATE SIGNED <b>2-10-51</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>2-13-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery</b>		24d. LOCATION (City, town, or county) <b>St. Louis County</b>		(State) <b>Mo.</b>		
DATE REC'D BY LOCAL REG. <b>FEB 13 1951</b>		REGISTRAR'S SIGNATURE <b>J.B. Lester</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>C. R. Jupton &amp; Sons - St. Louis 5</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

*M.L.K.*

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *Melvin L. Kemper*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4052*

P. O. Address *St. Louis, Mo.*

**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.