

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10109  
2659

State File No. ....

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

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St Louis</b> )		c. LENGTH OF STAY (in this place) <b>39 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOMER PHILLIPS</b>				d. STREET ADDRESS (If rural, give location) <b>4719 VERNON</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>OSCAR</b>			b. (Middle) <b>GARRISON</b>			c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <b>3 16 51</b>		5. SEX <b>M</b>		6. COLOR OR RACE <b>COLO</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	
8. DATE OF BIRTH <b>June 29, 1884</b>		9. AGE (in years last birthday) <b>66</b>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PORTER</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>ARK</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Steve GARRISON</b>			13b. MOTHER'S MAIDEN NAME <b>Rebecca ?</b>			14. NAME OF HUSBAND OR WIFE <b>ANNA GARRISON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Anna Garrison</b> ADDRESS <b>4719 Vernon</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES (b) <b>Hypertension</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) <b>Arteriosclerosis</b> 2. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)				INTERVAL BETWEEN ONSET AND DEATH <b>a few</b> <b>weeks</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>NONE</b>				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) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>fall</b>				22. I hereby certify that I attended the deceased from <b>3/17</b> , 19 <b>51</b> , to <b>3/20</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>3/17</b> , 19 <b>51</b> , and that death occurred at <b>4 p</b> m, from the causes and on the date stated above.	
23a. SIGNATURE <b>[Signature]</b> (Degree or title) _____		23b. ADDRESS <b>855 N. Jackson</b>		23c. DATE SIGNED <b>3/20/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-22-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo</b>	
DATE REC'D BY LOCAL REG. <b>MAR 21 1951</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>4303 Delmas</b>			

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 *Arthur L. Hollbard*

Signed .....  
Student Embalmer

Licensed Embalmer No. *4221*

P. O. Address *4740<sup>2</sup> Goupples Rd*

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.