

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1955

State File No. 20047  
4749

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 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 OR TOWN <b>ST. LOUIS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>18 4253 SWAN AVE. 2100</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>THEODORE</b>	b. (Middle) <b>LESLIE</b>	c. (Last) <b>Garrison</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 30, 1955</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWER</b>	8. DATE OF BIRTH <b>OCT. 7, 1869</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>COAL &amp; ICE BUSINESS (FOR SALE)</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>CRAWFORD CO. MO.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>U.S.A.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JAMES H. GARRISON</b>	13b. MOTHER'S MAIDEN NAME <b>JULIA BROWNING</b>	14. NAME OF HUSBAND OR WIFE <b>LATE LOLA GARRISON</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	(If yes, give war or date of service)	16. SOCIAL SECURITY NO. <b>496-22-2973</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ALVA O. GARRISON</b>	ADDRESS <b>1105 LAWN AV.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho Pneumonia</b>		DUE TO (b) <b>Intertrochanteric Fracture right hip</b>		<b>2 wks.</b>
PRECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		<b>6 wks.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Arteriosclerotic Heart Disease</b>		<b>Sev. Yrs.</b>

19. DATE OF OPERATION	20. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT OR SUICIDE OR HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) <b>on street in front of 4253 Swan Av. St. Louis, MO.</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis, MO.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>4-19-55 3:30 pm.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fell to street</b>	<b>E 9035</b>
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22. I hereby certify that I attended the deceased from **Apr. 19, 1955**, to **May 30, 1955**, that I last saw the deceased alive on **May 30, 1955**, and that death occurred at **7:30 pm.**, from the causes and on the date stated above. **44**

23a. SIGNATURE <b>C. J. Armillia, M.D.</b>	(Degree or title) <b>M. D.</b>	23b. ADDRESS <b>BARNES HOSPITAL</b>	23c. DATE SIGNED <b>5/31/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL (MR)</b>	24b. DATE <b>6-1-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SLIGO, MO.</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>MAY 31 1955</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>KRIEGSHAUSER</b>	ADDRESS <b>4228 S. KINGS HIGHWAY</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Richard W. Stovesan* .....

Licensed Embalmer No. *400* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.