

JAN 13 1935

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

41543

1. PLACE OF DEATH

County \_\_\_\_\_ Registration District No. 791  
Township \_\_\_\_\_ Primary Registration District No. 1002  
City St. Louis MO (No. Isolation Hospital) \_\_\_\_\_ St. \_\_\_\_\_ (Ward)

File No. 10787  
Registered No. \_\_\_\_\_

2. FULL NAME Mildred Garrison

(a) Residence, No. 4226 Vista St. 18 Ward.

(Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 0 yrs. 10 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
*(write the word)*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16<sup>th</sup> 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
0 10 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Lester Garrison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Ida Medley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Stella Grady (ADDRESS) 5600 Oriskany St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE 12-21 1935

19. UNDERTAKER Arthur J. Donnell & Co (ADDRESS) 5422 Lindbergh Ave

20. FILED DEC 21 1935 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1935, to Dec. 20, 1935.

I last saw her alive on Dec. 20, 1935. Death is said to have occurred on the date stated above, at 12:30 a. m.

The principal cause of death and related causes of importance were as follows:

Ergosteroliasis - following  
burn on stove;

Date of onset  
Nov 25  
Nov 20  
1935

Other contributory causes of importance:  
Building did not burn 18

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Chemical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 11/20, 1935

Where did injury occur? in kitchen (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury burn on forearm  
Nature of injury fell against stove

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_

(Signed) Herman J. Ulrich, M. D.  
(Address) 5422 Lindbergh

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

