

No. 2  
-12-45  
5-17-39  
I X47070

FILED MAR 24 1947  
318

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 2537

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Infirmary Hospital  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 3/6/47 to 3/9/47  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ooo  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 1917  
(d) Street No. 4147 Delmar Blvd. 9  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME IDA GARRISON

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married divorced Widow

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 1873  
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 8 If less than one day hr. min.

9. Birthplace ARKANSAS (Pine Bluff)  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

12. Name George Hopkins

13. Birthplace Unknown Arkansas  
(City, town, or county) (State or foreign country)

14. Maiden name Virginia ?

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary Records  
(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof Mar 12, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Shepard Funeral Home  
(b) Address 1167 Hamilton Ave

19. (a) MAR 11 1947 (Date received local registrar)  
J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9  
year 1947 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from March 6, 1947 to March 9, 1947  
that I last saw her alive on March 9, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease Duration

Due to Left Hemiplegia Pulmonary Tuberculosis.

Due to  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

PHYSICIAN  
Underline the cause to 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?

While at work? (Specify type of place) (c) Means of injury  
Signature Palmer Pusser Brooks (M. D. or other) 0  
Address 5800 Arsenal St Date signed 3/10/47

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

FATHER  
MOTHER

**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.....

*Ernest W. Billars*

Licensed Embalmer No.....

*14080*

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 this body is not embalmed, fact should be so stated above.**