

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

Do not use this space.

20105 810

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St Louis** (No. **1903** **Corcoran Ave**)  
 St. .... Ward)

File No.....  
 Registered No. **5872**

**2. FULL NAME**

**Ella Widor**  
 (a) Residence. No. **1903 Corcoran Ave** St. **11** Ward.  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF **Jesse Widor**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Don't know**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**abt 38**

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work **Housewife**  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer **at home**

9. BIRTHPLACE (CITY OR TOWN) **St Louis**  
 (STATE OR COUNTRY)

10. NAME OF FATHER **Olus Gevers**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **W. S.**  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Lena Gevers**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **W. S.**  
 (STATE OR COUNTRY)

14. INFORMANT **Jesse Widor**  
 (Address) **1903 Corcoran Ave**

15. FILED **N 27 1927** **Man & Starneoff**  
 REGISTRY

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 26 1927**

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19..... that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at **2-150** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Cerebral Apoplexy**  
**82A N. M. A.**

CONTRIBUTORY (SECONDARY) **74-111**  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? **Yes**  
 WHAT TEST CONFIRMED DIAGNOSIS? **Autopsy**  
 (Signed) **A. M. Park** M. D.

**6/27, 1927** (Address) **Deputy Coroner**  
 \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary Cem.** DATE OF BURIAL **June 29 1927**

20. UNDERTAKER **Thos J Fuman** ADDRESS **1514 S. Grand**

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.

DEPARTMENT RECORD

