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

Do not use this space.

38078

1. PLACE OF DEATH

County St. Louis — Registration District No. 189 — File No.

Township Central — Primary Registration District No. 60 333 — Registered No. 336

City ~~Vinita~~ Pk. (No. 8317 Eades Ave., St. Ward)

2. FULL NAME Ida E. Foreman,

(a) Residence. No. 8317 Eades Ave St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 1, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	60	3	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Office Manager

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

PARENTS

10. NAME OF FATHER Geo. Foreman,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Anna Marrow

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT Mrs. Ella L. Gaston
(Address) 8317 Eades Ave.

15. FILED 12/21, 1927 Nolla Bracy, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 19 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 7 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Traumatic Pneumonia from fractured ribs
2 ... (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) Inquest — (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?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Louis H. Bopp, M.D.

12/20, 1927 (Address) 131 W. Argonne, Kirkwood, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Valhalla Cem.	12-22 1927
20. UNDERTAKER	ADDRESS
Geo. L. Pleitsch	5966 Easton Ave

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 6033 B — Registered No. 336
City (No. , St. Ward)

2. FULL NAME Ida E. Foreman

(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. min.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 19 1927

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Traumatic Pneumonia from fractured ribs

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Street car accident

(duration) yrs. mos. ds.

DISEASE CONTRACTED

PLACE OF DEATH?

ATION PRECEDE DEATH? DATE OF

N AUTOPSY?

ONFIRMED DIAGNOSIS?

, M. D

(Address)

DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or

Was an automobile involved in this case? If so, where did accident occur, in what county and city or town? Please sign and return.

An automobile was not involved in this case
Jolla Bracy, M. D

INFORMANT
(Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL 19

20. UNDERTAKER — ADDRESS

15. FILED 12/21, 1927 Jolla Bracy M.D. REGISTRAR

ENTARY

1880

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