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.

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

Do not use this space. 2687

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 255

Township ..... Primary Registration District No. 1003 Registered No. 255

City St Louis (No. 1452 N 11 th St. ..... Ward)

2. FULL NAME Ida Grace Altheide

(a) Residence. No. ..... St., 25 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	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	46	6	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework.

(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) St Louis

PARENTS

10. NAME OF FATHER Sol. Wolfson

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Harry A Altheide
(Address) 1452 N 11 th

15. FILED JAN -8 1928 Mark Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1927, to Jan 5, 1927 that I last saw her alive on Jan 5 1928, and that death occurred, on the date stated above, at 11 52 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Double Lobar Pneumonia
108
15B 101 A

(duration) ..... yrs. ..... mos. 42 ds.

CONTRIBUTORY (SECONDARY) Acute Dilatation of Heart

(duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Arthur J. Kleykamp, M. D

1/6, 1928 (Address) 3834 St. Louis Av

*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	1/8 1928
20. UNDERTAKER	**ADDRESS**
Theo H. Beiderwieden	1936 St Louis Av