

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

Do not use this space.

8089

File No.
Registered No. **2461**
St. Ward

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1008**
City St. Louis (No. 8010, Idaho)

2. FULL NAME

Beena P. Todisman
(a) Residence, No. 8010 Idaho St., 1 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20-1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>59</u>	<u>6</u>	<u>2</u>	

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) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Genevieve Co. Mo
(STATE OR COUNTRY)

10. NAME OF FATHER James Halliday

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Genevieve Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Susan Dickey

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

14. INFORMANT Amos J. Todisman
(Address) 8010 Idaho

15. FILED FFB 24 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/22/31 1931

17. I HEREBY CERTIFY, That I attended deceased from 2/20/31, 1931, to 2-22, 1931 that I last saw h alive on 2/21, 1931, and that death occurred, on the date stated above, at 12:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 Lobar Pneumonia
(duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) 108
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 1

DID AN OPERATION PRECEDE DEATH no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Ed. Calinical Laboratory

(Signed) J. P. Rind, M. D.

2/27, 1931 (Address) 5417 Do Grand

*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

St. Trinity Luth. Cem. 2/24 1931

20. UNDERTAKER ADDRESS 7814

B. Hoffmeister & Co St. Broadway

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.

