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

Do not use this space.

16096

File No. 4572

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 1751 A N 9th St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Ida Faust

(a) Residence. No. 1751 A N 9th St., 26 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: Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 14 1892

7. AGE: Years 39 | Months 0 | Days 19 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Hairs Work
(b) General nature of industry, business, or establishment in which employed (or employer): 2 55
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss

PARENTS

10. NAME OF FATHER: Unknown

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

12. MAIDEN NAME OF MOTHER: Mattie Landrum

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

14. INFORMANT: Lucil Spratt
(Address) 1751 A N 9

15. FILED 26 1931 Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-13-1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1931, to Apr. 13, 1931, that I last saw her alive on Apr. 12 1931, and that death occurred, on the date stated above, at 5:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Appendicitis
Gel Water
130/113
(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Lassitude (not specific)
(duration) yrs. mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Dissection
(Signed) J. H. Flowers, M.D.
, 19 (Address) 1711 N. 10th St.

*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: Father Jackson | DATE OF BURIAL 4-16-1931

20. UNDERTAKER: C. H. Ward | ADDRESS 4202 Finney

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.