

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

Do not use this space.

18024

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. 445)
Registration District No. 702
Primary Registration District No. 1000
File No.
Registered No. 4994
St. Ward

2. FULL NAME Ida Jennett Trembley Trembley
(a) Residence, No. 5707 McPherson St., 5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 3 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. J. Trembley deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7 1893

7. AGE YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**
59 3 15

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 1

FATHER
13. NAME Matthew Park

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 150

MOTHER
15. MAIDEN NAME Frances Jennett Cloud

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York 2

17. INFORMANT (ADDRESS) Mrs. Doris Jordan 445 Old Baltimore

18. BURIAL, CREMATION, OR REMOVAL
PLACE Catholic DATE May 24 1932

19. UNDERTAKER (ADDRESS) Wagner 3081 Blair St.

20. FILED May 23 1932
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1932

22. I HEREBY CERTIFY, That I attended deceased from 12th of Feb, 1932, to May 22 1932
I last saw h. alive on May 21 1932 Death is said to have occurred on the date stated above, at 5:10 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of breast right
50 @ 50
Other contributory causes of importance:
Date of onset about 1915
Monday

Name of operation None Date of
What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury 19.....
Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Geo. M. Park, M. D.
(Address) 870 Summit

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 5 1948