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.

MAR 5 1935

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 7440

Township ..... Primary Registration District No. 1003 Registered No. 1869

City St. Louis (No. 2752 Rutger St St. ..... Ward)

2. FULL NAME Ida Moline

(a) Residence, No. 2752 Rutger St St., 18 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10/31/1859

7. AGE: YEARS 75 MONTHS 3 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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): Sweden

FATHER

13. NAME: Adolph Nelson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

17. INFORMANT (ADDRESS): K. O. Moline, 325 N. Sappington Road

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters DATE 2/26/35, 19

19. UNDERTAKER (ADDRESS): Robert J. Ambrister Inc, 6655 Clayton Road

20. FILED FEB 26 1935 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/24/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1935 to Feb 24, 1935

I last saw her alive on Feb 23, 1935. Death is said to have occurred on the date stated above, at 3.20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma Metabolic (liver bladder)	Oct 34
Other contributory causes of importance: Acute Myocarditis	Feb 22 35

Name of operation None Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... 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) W. Salisbury, M. D.
(Address) 7250 Lafayette Ave.

1871