

SEP 16 1935

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

Do not use this space.

28219

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**City **St. Louis 24** (No.), **Central** (No.) St. Ward)

File No.

Registered No. **7354**2. FULL NAME **Ida Eickler**(a) Residence, No. **#59 4th Ave New York N.Y.** Ward. **11 R**
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **about 2 1/2 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 **Divorced** (write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **unknown**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 22, 1874**

7. AGE

YEARS **61**MONTHS **6**DAYS **7**

IF LESS THAN 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Actress**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Actress**10. Date deceased last worked at this occupation (month and year) **about Oct. 1908**

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) **New Orleans**
(STATE OR COUNTRY) **Louisiana**13. NAME **unknown**14. BIRTHPLACE (CITY OR TOWN) **New Orleans**
(STATE OR COUNTRY) **Louisiana**15. MAIDEN NAME **unknown**16. BIRTHPLACE (CITY OR TOWN) **unknown**
(STATE OR COUNTRY)17. INFORMANT **Hubert J. Smith**
(ADDRESS) **5400 Arsenal Dr**18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **8-30**, 19**35**19. UNDERTAKER **Chas. Stuart & Sons**
(ADDRESS) **1225 Union**20. FILED **AUG 30 1935**Registrar. **J. Bredeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 29, 1935**22. I HEREBY CERTIFY, That I attended deceased from **July 1st**, 19**30**, to **Aug 29**, 19**35**I last saw her alive on **Aug 29**, 19**35**. Death is said to have occurred on the date stated above, at **4:30 P.** m.

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

Chronic Myocarditis

Date of onset

1930

+

Other contributory causes of importance:

Sen. Arteriosclerosis**1930**

+

Name of operation **none** Date ofWhat test confirmed diagnosis? **Clinical** Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Where did injury occur? **Home**
(Specify city or town, county, and State)

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

Manner of injury **Home**

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify **Home**(Signed) **Hubert J. Smith**, M. D.(Address) **5400 Arsenal Dr**

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.

