

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.

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

Do not use this space.

JUL 14 1936

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis (No. 3642 Hebert)

File No. **24277**  
Registered No. **5891**  
St. .... Ward)

2. FULL NAME Ida Stinson(a) Residence, No. 3642 Hebert St. 10 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. Stinson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 6th, 1881</u>		
7. AGE YEARS <u>54</u>	MONTHS <u>11</u>	DAYS <u>29</u>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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.....

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Topeka, Kansas

13. NAME Charles Melcher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Anna Matchan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Wm. Stinson  
(ADDRESS) 3642 Hebert

18. BURIAL, CREMATION, OR REMOVAL Valhalla Cem  
PLACE 6/8/36 DATE 19

19. UNDERTAKER ALEXANDER & SONS  
(ADDRESS) 8175 Delmar

20. FILE

JUN 7 1936

J. J. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5<sup>th</sup>, 193622. I HEREBY CERTIFY, That I attended deceased from May 25, 1936, to June 5<sup>th</sup>, 1936I last saw h. alive on June 5<sup>th</sup>, 1936. Death is said to have occurred on the date stated above, at 10 P. M.

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

Carcinoma of Breast Date of onsetOther contributory causes of importance: 50Name of operation Removal of right breast Date ofWhat test confirmed diagnosis? 8 Was there an autopsy?

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) C. S. O'Connell, M. D.(Address) 1316A n Grand

Dr O'Connell  
1316 N. Grand

Pr. 9921