

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

35657
Do not use this space.

NOV 15 1937

1. PLACE OF DEATH
(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **of St. Louis** (d) Street No. **3940 McRee** Registered No. **9234**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Ida May Willmore**
(a) Residence, No. **3940 McRee** St. **17**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **widow of Rudolph**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 7, 1882**
7. AGE YEARS **55** MONTHS **8** DAYS **23** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
9. Industry or business in which work was done, as 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) **Salem**
(STATE OR COUNTRY) **Missouri**

13. NAME **John Deck**
14. BIRTHPLACE (CITY OR TOWN) **Pennsylvania**
(STATE OR COUNTRY)

15. MAIDEN NAME **Mary Parker**
16. BIRTHPLACE (CITY OR TOWN) **Pennsylvania**
(STATE OR COUNTRY)

17. INFORMANT **Mr. Willmore**
(ADDRESS) **3940 McRee**

18. BURIAL, CREMATION, OR REMOVAL to **Coldwater, Mo.**
PLACE **Coldwater, Mo.** DATE **Oct. 2, 1937**

19. FUNERAL DIRECTOR **A. N. McLaughlin**
(ADDRESS) **2301 Lafayette Ave**

20. FILED **1937**
J. B. Deck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 30, 1937**
22. I HEREBY CERTIFY, That I attended deceased from **Sept 27, 1937** to **Sept 30, 1937**
I last saw her alive on **Sept 26, 1937** Death is said to have occurred on the date stated above, at **3 A.M.**
The principal cause of death and related causes of importance were as follows:

Encephalitis Epidemic
Date of onset **17**

Other contributory causes of importance:

Name of operation **None** Date of **None**
What test confirmed diagnosis **None** Was there an autopsy **Yes**

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? **Yes**
If so, specify

(Signed) **J. B. Deck** M.D.
(Address) **1446 Grand**

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.

899 98
1 2 3 4

STATEMENT BY LICENSED EMBALMER

I, David C. Gibson, Licensed Embalmer No. 3454

hereby certify that the body recorded on the reverse side of this certificate was embalmed by D. C. Gibson

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed: David C. Gibson

Licensed Embalmer No. 3454

Note: -The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)