. No. 2
-11-10-39
5-17-39
1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33770
8467

FILED NOV 16 1940

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo 25 days
(Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St Louis
(If outside city or town limits write "RURAL")
(d) Street No. 1429 Billon
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ida Jardella

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Fem

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased June 4, 1885 (Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 4 If less than one day hr. min.

9. Birthplace St. Louis County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Love Green
13. Birthplace (City, town, or county) S. Carolina (State or foreign country)

MOTHER
14. Maiden name Almareen White
15. Birthplace Chesterfield (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Annabell Green
(b) Address 1431 W. Billon St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/40 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director H. M. C. Green
(b) Address 2511 Sarah ave.

19. (a) OCT 12 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8 year 1940 hour 10:45 minute A M.

21. I hereby certify that I attended the deceased from August 13, 1940, to October 8, 1940 that I last saw her alive on October 8, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	72hrs
Due to: Stomach, Carcinoma	1 yr
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations	
Of autopsy: As above	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. A. McDowell (M. D. or other)
Address 2601 N Whittier Date signed 10/11/40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed O. M. Green

Licensed Embalmer No. 1173

P. O. Address 3517 Locke

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.)

If this body is not embalmed, above space should be left blank.