

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 22766

Registration District No. 784 Primary Registration District No. 117 Registrar's No. 1229

1. PLACE OF DEATH:  
 (a) County ST LOUIS  
 (b) City or town WEBSTER GROVES  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
119 WEST CEDAR AVE  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 12 WEEKS years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County ST LOUIS  
 (c) City or town WEBSTER GROVES  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 119 W. CEDAR AVE  
 (If rural, give location).  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME IDA LOUISE HEARIN  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife L. A. HEARIN  
 6. (c) Age of husband or wife if alive 74 years  
 7. Birth date of deceased JUNE 29 - 1865  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 11 20 - hr. - min.

9. Birthplace ST. LOUIS MISSOURI  
 (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name L. J. PECK  
 13. Birthplace HARTFORD CONNECTICUT  
 (City, town, or county) (State or foreign country)  
 14. Maiden name LOUISE C. FLY  
 15. Birthplace ST. LOUIS MISSOURI  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. S. S. S. S.  
 (b) Address 119 W Cedar Ave Webster Groves

17. (a) BURIAL (b) Date thereof JUNE 12 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation BELLEFONTAINE CEM.

18. (a) Signature of funeral director Parker and Co  
 (b) Address WEBSTER GROVES, MO.

19. (a) JUN 12 1941 (b) K. M. M. M. M.  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th  
 year 1941 hour 8:30 minute \_\_\_\_\_ P. M.  
 21. I hereby certify that I attended the deceased from Apr 23  
1941 to June 9 1941  
 that I last saw her alive on June 9 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder  
 Duration July 1940

Due to \_\_\_\_\_  
 Due to 477  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy none

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) no  
 (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 Walter J. Gaston (M. D. or other) \_\_\_\_\_  
 Address Webster Groves, Mo. Date signed 6/10/41

(Licensed Embalmer's Statement on Reverse Side)

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

2  
-41  
-39  
22590

JAN 21 1943

MAR 17 1943

MAR 11 1943

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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 B. B. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster House

**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, fact should be so stated above.**