

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

4-41
7-39
K26390

DEPARTMENT OF COMMERCE
U.S. BUREAU OF THE CENSUS
FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33114**
8068
Registrar's No.

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County.....
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days** (Specify whether
In this community **one month**
years, months or days)

3. (a) PRINT FULL NAME **IDA NICOL**
(b) If veteran, name war **no.**
(c) Social Security No. **no.**

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Rennie** 6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased **August 4, 1874**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 **2** **3** hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Henry Glesker**
13. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)
14. Maiden name **Louisa Werner**
15. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Rose Urspruch**
(b) Address **3735 Morganford Road**

17. (a) **burial** (b) Date thereof **10/10/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Paul Churchyard**

18. (a) Signature of funeral director **Oscar J. Hoffmeister**
(b) Address **4016 Chippewa Street**

19. (a) **Oct 9, 1941** (b) **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Michigan** (b) County
(c) City or town **Cedarville**
(If outside city or town limits, write "RURAL")
(d) Street No. **2**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **7**
year **1941** hour **10** minute **30 a.m.**

21. I hereby certify that I attended the deceased from **Sept 24**
Sept 24, 19**41**, to **Oct 7**, 19**41**;
that I last saw **her** alive on **Oct 7**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis chronic** **agn**
Due to **IB**

Due to **IB**

Other conditions **Arterial hypertension** **5 yr**
(include pregnancy within 3 months of death)

Major findings: Of operations **IB**
Of autopsy **IB**

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?

While at work? (Specify type of place) (e) Means of injury **0**

23. Signature **Coatman** (M. D. or other) **MD**
Address **402 Hester Blvd** Date signed **10-9-41**

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 *Ernest W. Spillar*

Licensed Embalmer No. *4080*

P. O. Address.....

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.