

FILED NOV 4 1946

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34652

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 3162

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Kirkwood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
135 Prospect  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)  
In this community 13 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 135 Prospect  
(If rural, give location)  
(e) Citizen of foreign country? U.S.A. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

Ida Mead

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex F. 3

5. Color or race Col.

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

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years 1877

7. Birth date of deceased Jan.  
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
|         | 69    | 9      | 14   | hr. min.             |

9. Birthplace Brigston Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business.....

12. Name John White

13. Birthplace Unknownee  
(City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace ?  
(City, town, or county) (State or foreign country)

16. (a) Informant Helén Robinson

(b) Address 135 Prospect

17. (a) Burial (b) Date thereof 16 .26.1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Pk. Cem.

18. (a) Signature of funeral director. John W. Hemphill

(b) Address 408 So. Filmore Kirkwood

19. (a) 16-28-46 (b) Arthur J. Allen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10/22/46  
year 1946 hour 3:30 minute 30 M.

21. I hereby certify that I attended the deceased from 10/22/46 to 10/22/46  
that I last saw h..... alive on 10/22/46  
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocardia Duration 1 hr

Due to Ch. Myocardia

Due to 1316

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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 1

23. Signature Arthur J. Allen (M. D. or other)

Address 10/26/46 Date signed 10/26/46

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

6  
4  
3

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

