

No. 2
5-43
5-17-39
I X36871

FILED OCT 28 1946 STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8741

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town
(c) Name of hospital or institution: City Hospital
(d) Length of stay: In hospital or institution 6 Days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 321a Russell
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Ida Stevens
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 30 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 6 9 hr. min.

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

10. Usual occupation Laundress

11. Industry or business

12. Name August Scheffler
13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Mathilda Dewess
15. Birthplace St. Louis (City, town, or county) (State or foreign country)

16. (a) Informant Estelle Grissom
(b) Address 2111a S. 4th St.

17. (a) Burial (b) Date thereof Oct 12 1946
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director W. Schumacher
(b) Address 3013 Meramec st.

19. (a) OCT 11 1946 (b) J. F. Bredeck (c) Registrar's signature

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 9 year 1946 hour 2 minute P M.
21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death: Ischemic Sclerotic Heart Disease

Due to Encephalomalacia of Medulla
Other conditions: 93
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) or Means of injury

23. Signature Date signed 10/11/46

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

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

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis Mo

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.