

No. 2
12-45
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19027
State File No. 4875
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: 4950 Wise Ave.
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(d) Street No. 4950 Wise Ave.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME IDA M. KINGDON
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Oct. 24 1890

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 14
year 1947 hour 2:45 minute A. M.
21. I hereby certify that I attended the deceased from April 3, 1947 to May 14, 1947
that I last saw her alive on May 12, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cholelithiasis
Due to Carcinoma of Gallbladder
Other conditions
Major findings: Of operations no
Of autopsy no
Duration 4.3.47
PHYSICIAN Underline the cause to which death should be charged statistically.

8. AGE: Years 56 Months 6 Days 20
9. Birthplace Belleville Ill.
10. Usual occupation Housework
11. Industry or business
12. Name Henry Herl
13. Birthplace St. Louis Mo.
14. Maiden name Anna Klein
15. Birthplace Peoria Ill.
16. (a) Informant John Kingdon
(b) Address 4950 Wise Ave.
17. (a) Burial (b) Date thereof 5 17 47
(c) Place: burial or cremation Lakewood Park Cem.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) MAY 14 1947 (b) J. F. Bredick (c) Registrar's signature

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? no (Specify type of place)
(e) Means of injury no
23. Signature: Henry C. Flynn (M. D. or other) M.D.
Address: 504 N. ... Date signed: 5/14/47

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

108 No. Grand

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 Jale A. Stearns, Registered Apprentice No. 420 working under my personal supervision.

Signed Elmer M. Bennett
Licensed Embalmer No. 3024

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.