No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36171

FILED NOV 14 1947 318

1003

Registration District No.

Primary Registration District No.

Registrar's No. 9903

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Baptist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0 0 0

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1706 Marcus Ave. 9
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ida May Queen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Peter E. Queen

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

7. Birth date of deceased Oct. 2nd 1875
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	0	23	hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant William J. Queen
(b) Address 1706 Marcus Ave.

17. (a) burial (b) Date thereof 10-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ellisnore Mo.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) OCT 27 1947 (b) J. F. Bruech
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25
year 1947 hour 11 minute P M.

21. I hereby certify that I attended the deceased from 10-13 1947, to 10-25 1947, that I last saw her alive on 10-25 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	7 weeks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) apoplexy	10 days

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

23. Signature B. J. McGinnis M. D. or other
Address 36 Ave. S. Grand Date signed 10/27/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 1 2 1948

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.....Albert R. Thompson Jr.....

Licensed Embalmer No.....4237.....

P. O. Address.....St. Louis.....

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.