

No. 2
12-45
17-39
K47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2204**

FILED JAN 16 1948

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Barnes Hospital.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5631 Pershing
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ida Ailworth

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. / 5. Color or race F. 6. (a) Single, widowed, married, divorced. W. 2

6. (b) Name of husband or wife John Savage Ailworth, Dec. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 23 1862
(Month) (Day) (Year)

8. AGE: Years 85 Months 2 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation School Teacher

11. Industry or business _____

12. Name Adolph Meyer

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

14. Maiden name Louisa Meyer

15. Birthplace Saxon-Weymer, Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. John Ailworth

(b) Address 5501 Waterman

17. (a) burial (b) Date thereof Jan. 3, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director. Allyouder Bon

(b) Address 6175 Delmar

19. (a) JAN 2 1948 (b) J. F. Roesch
(Date received local registrar) (Registrar's signature)

(Date received local registrar)

(Registrar's signature)

(Date received local registrar)

(Registrar's signature)

(Date received local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1
year 1948 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from Dec. 27 1947 to Jan. 1 1948;
that I last saw her alive on Jan. 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration 4 wks

Due to arteriosclerotic heart disease

Due to _____

Other conditions arteriosclerosis, general
(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 _____

23. Signature R.M. Counts (M. D. or other) _____

Address Barnes Hospital Date signed 1-1-48

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12 1 1974 10 10 05

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 *Thomas R. Fenwick*
Licensed Embalmer No. *3793*
P. O. Address *6175 Helman*

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.