No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2656 120

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:
(a) County
(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: 2736 Burd Ave. (If not in hospital or institution, write street number or location) 2736 Burd Ave.
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 060
(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL") 17
(d) Street 2736 Burd Ave. (Street and number or location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Rose Ikemeyer
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Ikemeyer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 21, 1882. (Month) (Day) (Year)

8. AGE: Years 65 | Months 3 | Days 14 | If less than one day hr. min.

9. Birthplace Ireland (City, town, or county) (State or foreign country) 7
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Peter McDonald 4
13. Birthplace Ireland 7 (City, town, or county) (State or foreign country)
14. Maiden name Rose Mooney 4
15. Birthplace Ireland 7 (City, town, or county) (State or foreign country)
16. (a) Informant Arthur Ikemeyer
(b) Address 2736 Burd Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8, 1948. (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.
18. (a) Signature of funeral director J. J. Quinn
(b) Address 1389 Union Blvd.
19. (a) JAN 6 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5, year 1948. hour 7 minute 30 AM.
21. I hereby certify that I attended the deceased from Nov 22, 1947, to Jan 5, 1948. that I last saw her alive on Dec 27, 1947. and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy.
Due to Hypertensive Vascular disease.
Due to
Other conditions (Include pregnancy within 3 months of death) 8½
Major findings:
Of operations
Of autopsy

Duration

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) 0
While at work? (e) Means of injury
(f) Signature H. F. Bergman (M. D. or other) M.D.
Address 3720 Washington Date signed 1/6/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3881

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.