No. 2
-1/47
-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. 6209

FILED MAR 15 1948

Registration District No. 318 — Primary Registration District No. ..... — Registrar's No. 2189

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: 1218a Blackstone Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County .....

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

(d) Street No. 1718a Blackstone Ave.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Ida Mae Colby

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 Widow

6. (b) Name of husband or wife Burt Thomas

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

7. Birth date of deceased June (Month) 18 (Day) 1878 (Year)

8. AGE: Years 69 Months 8 Days 18 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

MOTHER FATHER

12. Name Albert E. Eddy

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

14. Maiden name Hannah Graham

15. Birthplace ..... (City, town, or county) New Hampshire (State or foreign country)

16. (a) Informant Rev. Fred Lahman

(b) Address 5736 Etzel Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-48 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Chas. A. Byrd

(b) Address 5710 Washington Blvd.

19. (a) MAR 3 1948 (Date received local registrar) (b) O. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st year 1948 hour Six minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 29th, 1948, to March 1st, 1948 that I last saw her alive on March 1st, 1948: and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Leukemia	
Due to	
Due to	
Other conditions arteriosclerosis (Include pregnancy within 3 months of death)	
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 Hugh Turner (M. D. or other)

Address 1251 Blackstone Date signed Mch 3-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Rush
[illegible]
1 2/1 Benchstone & Page
Mul 1230
6 30 to 8
10 30 to 12 noon
" "

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 Howard Rowland

Licensed Embalmer No. 3114

P. O. Address St. Louis 10 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.