

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

24414
State File No.
6676
Registrar's No.

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis, Missouri.**
(b) City or town **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis City Hospital - Max C. Starkloff**
(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 **600**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **6324a Sutherland Ave.** **9**
(If rural, give location) **Memorial** **14**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **IDA JONES**
3. (b) If veteran, name war **None** 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **27th**
year **1948** hour **1** minute **32 P.M.**
21. I hereby certify that I attended the deceased from **7/17/48**
to **July 27th 1948**
that I last saw her alive on **July 27th 1948**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow** **9**
6. (b) Name of husband or wife **Late Charles** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec. 12 1878**
(Month) (Day) (Year)

Immediate cause of death **Coronary Atherosclerosis** **10 days**
Due to **Arteriosclerosis and Diabetes Mellitus**
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death) **VI**

8. AGE: Years Months Days If less than one day
69 **7** **15** hr. _____ min.
9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Shoe Worker**

Major findings: **VI**
Of operations _____
Of autopsy **Same**
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business _____
12. Name **Fred W. Knichel**
13. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)
14. Maiden name **Emma Freimuth**
15. Birthplace **St. Louis Mo.** **0**
(City, town, or county) (State or foreign country)

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 **William M. King's Highway** (Specify type of place) (e) Means of injury **MI**
23. Signature **J. F. Bredeak** (M. D. or other) _____
Address **1515 Lafayette 7/27/48**

16. (a) Informant **Nettie Beekman**
(b) Address **6324a Sutherland Ave.**
17. (a) **Burial** (b) Date thereof **7-30-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Memorial Park Cem.**
18. (a) Signature of funeral director **Kriegshauser Und. Co.**
(b) Address **4228 So. Kingshighway Bl.**
19. (a) **JUL 29 1948** (b) **J. F. Bredeak**
(Date received local registrar) (Registrar's signature)

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..... *Richard W. Stovesand*

Licensed Embalmer No. *4007*

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.