

FILED DEC 22 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43085**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>500</b>		Registrar's No. <b>2807</b>			
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moline</b>			c. LENGTH OF STAY (In this place) <b>2 months</b>	c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Halls Ferry Memorial Home</b>				e. STREET ADDRESS (If rural, give location) <b>4467a Clarence Avenue</b>				<b>2057</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ida</b>			b. (Middle) <b>F</b>		c. (Last) <b>Vossmeier</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>December 1 1955</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>October 27 1875</b>		9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Gottlieb Foegeding</b>			13b. MOTHER'S MAIDEN NAME <b>Anna Ebeler</b>			14. NAME OF HUSBAND OR WIFE <b>Deceased</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Mildred Vossmeier, 4467a Clarence Ave</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Cardiovascular disease</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>1) Hypertension</b> <b>2) Diabetes mellitus 443X</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>  <b>unknown</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>332X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <b>Sept 29, 1955</b> , to <b>Dec 1, 1955</b> , that I last saw the deceased alive on <b>Nov 29, 1955</b> , and that death occurred at <b>3:15 a.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Lewis Littmann MD</b>				23b. ADDRESS <b>8231 Clayton Rd (or)</b>		23c. DATE SIGNED <b>12/1/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec 3 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. John's Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>				
DATE REC'D BY LOCAL REG. <b>12-1-55</b>		REGISTRAR'S SIGNATURE <b>Hubert R. Dombard MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Math Hermann &amp; Son, Inc., 2161 E. Fair Ave</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Clement M. Neave*.....

Licensed Embalmer No. *373*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.