

FILED SEP 26 1956

STANDARD CERTIFICATE OF DEATH

32100 STATE FILE NUMBER

318

1003

8390

Registration District No. Primary Registration District No. Registrar's No.

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Ohio</i> b. COUNTY <i>Hamilton</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis,</i>		c. CITY OR TOWN <i>Cincinnati</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Deaconess</i>		d. STREET ADDRESS (If outside, give location) <i>2400 Grandview</i>	
3. NAME OF DECEASED (Type or print) <i>Ethel Ideson</i>		4. DATE OF DEATH <i>Sept. 9, 1956</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec. 8, 1879</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Secretary</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Community Chest</i>	11. BIRTHPLACE (City and state or country) <i>Hastings, Neb.</i>
13. FATHER'S NAME <i>Alison B. Ideson</i>		14. MOTHER'S MAIDEN NAME <i>Sophia Roehrig</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>No, Nil.</i>		17. INFORMANT <i>Alison B. Ideson, 432 S. Sappington,</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral hemorrhage</i> <i>Cerebral arteriosclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Cerebral arteriosclerosis</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <i>36 hours</i> <i>20 yrs</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>none</i>	
20c. TIME OF INJURY: Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from <i>Sept. 6, 1956</i> and last saw her <i>Sept 9, 1956</i> alive on <i>Sept 9, 1956</i> Death occurred at <i>2:30 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>L. E. Beasley</i> (Degree or title) <i>M.D.</i>		22b. ADDRESS <i>16 Hampton Village</i>	
22c. DATE SIGNED <i>9-10-56</i>		22d. SIGNATURE <i>Carl Smith</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>9-10-56</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Riverside Cemetery.</i>		23d. LOCATION (City, town, or county) (State) <i>Oshkosh, Wisconsin,</i>	
24. FUNERAL DIRECTOR <i>Albert H. Hoppe</i> ADDRESS <i>4700 Washington,</i>		25. DATE RECD. BY LOCAL REG. <i>SEP 11 1956</i>	
26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>			

---

---

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.....

Licensed Embalmer No. 36

P. O. Address St. Paul

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.