

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

33881

**1. PLACE OF DEATH**

County ..... Registration District No. **791**  
 Township ..... Primary Registration District No. **1003**  
 City St. Louis Mo. (No. 2911 Lucas)

File No. ....  
 Registered No. **9184**  
 St. .... Ward)

**2. FULL NAME** Ida Winchester

(a) Residence, No. 2911 Lucas ave St., 21 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Not known</u>		
AGE	YEARS	MONTHS
<u>76</u>		
		DAYS
		IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house work</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

FATHER 13. NAME Mabel Truly

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER 15. MAIDEN NAME Ida Truly

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT (ADDRESS) Laura Madison 2911 Lucas ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Beacon Cemetery DATE 10/19/52

19. UNDERTAKER (ADDRESS) Pope English 2931 Lucas ave

20. FILED Oct 17 1952 May G. Starckoff Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16, 1952

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1932 to June 15 1932  
 I last saw her alive on Oct 15, 1952 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

Nar. Dis. of Heart Date of onset Feb 4 32  
Alth. Valvular Dis. of Heart  
 Other contributory causes of importance:  
Arteriosclerosis  
Alth. Dis.

Name of operation ..... Date of .....  
 What test confirmed diagnosis? (1) Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify Willis Hall (Signed) Willis Hall, M. D.  
 (Address) 5219 Delmar

