

DEC 13 1937

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

39925
Do not use this space.

7911
1008

Registered No. 10912

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City Saint Louis (d) Street No. 4003a Cote Brilliante St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Ida Tiffany,
(a) Residence, No. 4003a Cote Brilliante St. 11 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jim Tiffany.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9, 1857

7. AGE YEARS 80 MONTHS 10 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Factory worker,
9. Industry or business in which work was done, as saw mill, bank, etc. Liggett-Meyer.
10. Date deceased last worked at this occupation (month and year) (retired) Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

FATHER 13. NAME Forbes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Note known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Mrs. Olive Combs, (ADDRESS) 4003a Cote Brilliante

18. BURIAL, CREMATION, OR REMOVAL PLACES St. Mathews Cemetery DATE Nov. 26, 1937

19. FUNERAL DIRECTOR Craig Undertaking Co., (ADDRESS) 4408 Washington Blvd.

20. FILE NO. NOV 26 1937 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to Nov. 23, 1937. I last saw her alive on Nov. 23, 1937. Death is said to have occurred on the date stated above, at 1:30 P.M.

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

chronic myocarditis,
chronic arteriosclerotic nephrosis

Name of operation no Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 no
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Frank E. Murphy, M. D. (Signed) 3908 Olive (Address)

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.

STATEMENT BY LICENSED EMBALMER

I, Philip M. Craig, Licensed Embalmer No. 5281

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Philip M. Craig

Licensed Embalmer No. 5281

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.)