S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31853

State File No. 8790

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1635a Texas Av. (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 000 23 12
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9
(d) Street No. 1635a Texas Av. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ida C. Cuffman
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Joseph Cuffman
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased March (Month) 3 (Day) 1877 (Year)

8. AGE: Years 65 Months 7 Days 19 If less than one day hr. min.

9. Birthplace (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name George Corley
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name Christina Lamb
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Joseph Cuffman
(b) Address 1635a Texas Av.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathews Cem
18. (a) Signature of funeral director Witt Bro. L & Wh.
(b) Address 2929 S. Jefferson Av.
19. (a) OCT 23 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22 year 1942 hour 4 minute 00 p. M.
21. I hereby certify that I attended the deceased from January 24th, 1942 to Oct 22nd, 1942 that I last saw her alive on Oct 22nd, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration 1/2 day
Due to Arterio Sclerosis — 2 yrs
Due to ? 94
Other conditions none (Include pregnancy within 3 months of death) 94
Major findings: Of operations —
Of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? — (Specify type of place)
While at work? — (e) Means of injury —

23. Signature W. A. Fries D (M. D. or other)
Address 1544 So Broadway Date signed 10/23-42

(Licensed Embalmer's Statement on Reverse Side)

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 Edgar F. Witt, Registered Apprentice No. ....., working under my personal supervision.

Signed Edgar F. Witt

Licensed Embalmer No. 2117

P. O. Address 2929 S. Jefferson Ave

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.