

FILED DEC 7 1942

State File No. ....

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 9889

1. PLACE OF DEATH: **St. Louis, Missouri**

(a) County.....

(b) City or town.....

(c) Name of hospital or institution: **City Sanitarium 2**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **5 mos. 29 days.**  
In this community: **About 36 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **000 17**

(a) State: **Missouri** (b) County.....

(c) City or town: **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No.: ~~City Sanitarium 422-06~~  
(If rural, give location) **7 Fairfax**

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country: **0**

3. (a) PRINT FULL NAME: **IDA HEMMINGWAY**

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

20. DATE OF DEATH: Month **Nov.** day **23**  
year **1942** hour **8:25** minute **P.** M.

4. Sex: **Female** 5. Color or race: **Col.** 6. (a) Single, widowed, married, divorced: **Widowed**

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

21. I hereby certify that I attended the deceased from **7-13-42**, 19....., to **11-23-42**, 19.....; that I last saw her alive on **11-23-42**, 19.....; and that death occurred on the date and hour stated above.

7. Birth date of deceased: **About 1870**  
(Month) (Day) (Year)

Immediate cause of death.....

**Chronic Bronchitis (7-13-42x)**

8. AGE: Years Months Days If less than one day  
**About 72 yrs.** ..... hr. .... min.

Due to.....

**Chronic Arthritis (7-13-42x)**

9. Birthplace: **Unknown Tennessee**  
(City, town, or county) (State or foreign country)

Due to.....

Other conditions (Include pregnancy within 3 months of death) **106**

10. Usual occupation: **Unknown**

Major findings: **106**

Of operations.....

11. Industry or business.....

12. Name: **Henry Woodside**

13. Birthplace: **Unknown Tennessee**  
(City, town, or county) (State or foreign country)

14. Maiden name: **Elizabeth Bradshaw**

15. Birthplace: **Unknown Tennessee**  
(City, town, or county) (State or foreign country)

Of autopsy: **No**

Underline the cause to which death should be charged statistically.

16. (a) Informant: **HELEN CLAY**  
(b) Address: **422 7th Fairfax**

17. (a) **Burial** (b) Date thereof: **11/30/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Greenwood**

18. (a) Signature of funeral director: **Mary Wade**  
(b) Address: **4202 7th Fairfax**

19. (a) **NOV 27 1942** (b) **J. F. Beckett**  
(Date received local registrar) (Registrar's signature)

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?.....

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

23. Signature: **Anthony K Busch** (M. D. or other).....  
Address: **5300 Arsenal** Date signed: **11/24/42**

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

MOTHER FATHER

NOV 27 1942

**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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed: *J. J. Watson*

Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

**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.**