

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33928

FILED OCT 15 1953

State File No. _____

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8775**

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Romer C. Phillip S. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>11 1510 Marcus Ave</u>	
3. NAME OF DECEASED (Type or Print) <u>Ida</u> a. (First) _____ b. (Middle) _____ c. (Last) <u>Read</u>		4. DATE OF DEATH <u>September 4 1953</u> (Month) (Day) (Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 1, 1896</u>
9. AGE (In years last birthday) <u>57</u>	10. MONTH <u>7</u>	10. DAY <u>2</u>	10. HOUR <u>11:00</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>yes</u>	
13a. FATHER'S NAME <u>Charles Young</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Taylor</u>	
14. NAME OF HUSBAND OR WIFE <u>Dead</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>499-34-4134</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Dorothy Haynes</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of breast</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with osseous metastases</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____		19. ADDRESS <u>1510 Marcus Ave</u> INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>170X</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:00 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Wm. Perry Vinson</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>9/9/53</u>		24. BURIAL/CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>9/9/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters</u>	
24d. LOCATION (City, town, or county) (State) <u>2101 Lucas & Hunt Rd Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman J. Smith</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>SEP 10 1953</u>		ADDRESS <u>4217 W. Labadie Ave</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed

John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4222 Knight

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.