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FILED JAN 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2933**
Registrar's No. **0088**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY **St. Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)
a. STATE **Missouri** b. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write RURAL and give township)
St. Louis

c. CITY OR TOWN **St. Louis**
d. Is Residence within limits of a city or incorporated town? **Yes** No

c. LENGTH OF STAY (in this place)
2 Yrs. & 9 Days

e. STREET ADDRESS (If rural, give location)
3100 a North Market

3. NAME OF DECEASED
a. (First) **MINDA** b. (Middle) _____ c. (Last) **IDLEMAN**

4. DATE OF DEATH
(Month) (Day) (Year)
1 4 1954

5. SEX
Female

6. COLOR OR RACE
White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH
Sept. 5, 1875

9. AGE (in years last birthday) **78.**
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
At Home.

11. BIRTHPLACE (City and State or Foreign Country)
Belle Rive, Illinois, /

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
William Taylor

13b. MOTHER'S MAIDEN NAME
Fizzie Koger

14. NAME OF HUSBAND OR WIFE
Widow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. **Nil.**

16. SOCIAL SECURITY NO.
none.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Alma Humphrey, Mt. Vernon, Illinois,

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Hypertensive Cardio Vascular Disease**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Generalized Arteriosclerosis**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
years
years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES 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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
442x

22. I hereby certify that I attended the deceased from **Jan. 25, 1952**, to **Jan. 4, 1954**, that I last saw the deceased alive on **Jan. 4, 1954**, and that death occurred at **6:10 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Deed or title)
Larry Esker M.D.

23b. ADDRESS
5600 Arsenal St.

23c. DATE SIGNED
1/5/1954

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE
1-5-54

24c. NAME OF CEMETERY OR CREMATORY
Belle Prairie Cemetery, Wayne County, Illinois,

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE
JAN 5 1954

REGISTRAR'S SIGNATURE
Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Albert H. Hoppe 4700 Washington.

(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.....
Signature of Student Embalmer

Signed..... *G. W. Wilkins*

Licensed Embalmer No... *35*

P. O. Address... *M. Lou*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.