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

Do not use this space.

16288

1. PLACE OF DEATH
County St. Louis — Registration District No. 1160 — File No. 39
Township ~~Central~~ — Primary Registration District No. 4470 — Registered No.
City University City (No. 6826 Kingsbury St. Ward)

2. FULL NAME Ella V. Hosea
(a) Residence. No. 6826 Kingsbury St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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: William Hosea

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 14 1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
69	0	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Charles F. Shankey
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Pittsburg
(STATE OR COUNTRY): Penn.
12. MAIDEN NAME OF MOTHER: Mary Thornton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): New Orleans

14. INFORMANT: Fred Hosea
(Address) 6826 Kingsbury Blvd

15. FILED 5-7, 1927 E. Lillian Bruns, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 6 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1920, to May 6, 1927, that I last saw her alive on May 5, 1927, and that death occurred, on the date stated above, at 9:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
93C
77
(duration) 12 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Myocarditis Chronic
(duration) 7 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) Robert Burns Jr., M.D.
5-6, 1927 (Address) 4500 Olive St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Salem Cemetery — DATE OF BURIAL: 5/9 1927

20. UNDERTAKER: Alexander & Sons — ADDRESS: 6175 Delmar

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.

THIS IS A PERMANENT RECORD