

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

Do not use this space.

38900

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. TR003
 City St. Louis (No. #5741 Babarue Ave Ward)

File No.....
 Registered No. 11567

2. FULL NAME

Ellen Hoaglan Cavell

(a) Residence. No. #5741 Babarue Ave Ward. 5
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 26th, 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lee O. Cavell

I HEREBY CERTIFY, That I attended deceased from Nov 16, 1928, to Nov 26, 1928, that I last saw her alive on Nov 27, 1928, and that death occurred, on the date stated above, at 7 a m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17th, 1840

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
88. | 5. | 9. | — | — | —

Apoplexy cerebral
Hemorrhage
89B

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

CONTRIBUTORY (SECONDARY) 7/11/28
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) White Hill, Ill.
 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Dennis Hoaglan

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York.

WAS THERE AN AUTOPSY.....

12. MAIDEN NAME OF MOTHER Phannal Ayres

WHAT TEST CONFIRMED DIAGNOSIS.....

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New Jersey.

(Signed) Nelson Hawley, D

14. INFORMANT Lucie M. Cavell

Nov 26, 1928 (Address) 5321 Easton Ave

(Address) #5741 Babarue Ave

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Alton, Ill.

DATE OF BURIAL 11-28, 1928

15. FILED Nov 27 1928 Max C. Stanley

20. UNDERTAKER C. R. Lupton

ADDRESS 4449

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.

PERMANENT RECORD

REGISTRAR

