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

Do not use this space.

FEB 8 1937

791

1003

3925

964

1. PLACE OF DEATH

96 County

Township

30 City St. Louis, Mo. (No. City Hospital No. 2 St. Ward)

Registration District No.

Primary Registration District No.

File No.

Registered No.

2. FULL NAME Winnie Ealy

(a) Residence, No. 4221 Finney St., 11 Ward. 1 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 6½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lucille Ealy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 29, 1893

7. AGE: YEARS 43 | MONTHS 10 | DAYS 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic auto

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Business 264 Brookfield Mo.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Milan, Missouri 1

FATHER

13. NAME: Cuff Ealy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 1

MOTHER

15. MAIDEN NAME: Minnie Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 1

17. INFORMANT (ADDRESS): Ruby Perdeau 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Brookfield Mo DATE 1-22 1937

19. UNDERTAKER (ADDRESS): Marvin Cond 4059 Finney Ave

20. FILED JAN 21 1937 19 J H Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1937, to Jan. 19, 1937

I last saw him alive on Jan. 19, 1937 Death is said to have occurred on the date stated above, at 4:37 p. m;

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas (Head)	1-18-37

467

Other contributory causes of importance: ------

Name of operation Date of

What test confirmed diagnosis? --- Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Owen Blache 1, M. D.

(Address) 2945 Lawton

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.