

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.

OCT 14 1937

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

32311
Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital**

(a) County.....

Registration District No.

(b) Township.....

Primary Registration District No.

(c) City **St. Louis**

(d) Street No. **2601**

N Whittier

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred **23 yrs.**

mos. ds.

(f) How long in U. S., if of foreign birth?

yrs. mos. ds.

2. PRINT FULL NAME **Ella Stalls**

(a) Residence, No. **2708 Dayton**

St. **27**

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

C

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

Widow

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

unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 1, 1872

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ... hrs. or min.

65

3

0

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

nil

9. Industry or business in which work was done, as saw mill, bank, etc.

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)

Tennessee

FATHER 13. NAME

"Doc" Guthrie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tennessee

MOTHER 15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tennessee

17. INFORMANT (ADDRESS)

**Evelyn Hilliard
2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Father Dickson**

DATE **9/7/37**

19. FUNERAL DIRECTOR (ADDRESS)

**Wade Funeral Home
4202 Finney Ave.**

20. FILE

SEP 5 1937

J. Bredeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 1**, 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **August 29**, 19**37** to **Sept. 1**, 19**37**

I last saw her alive on **Sept. 1**, 19**37** Death is said to have occurred on the date stated above, at **10:17** m. **p.m.**

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

Coronary Sclerosis

Date of onset
8/29/37

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

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) **L. L. Lewis**

(Address)

2601 N Whittier

M. D.

circled "acc"

Licensed Embalmer No. 2698

1994

L. E.

Registered Apprentice No. 7678

Registered Apprentice No. _____
 Signature _____
 Licensed Embalmer No. 2698

2698

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