

REC'D APR 12 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
8299
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003** Registered No. **2064**
 (c) City St. Louis or..... (d) Street No. 4320 Washington St.
 (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 7 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Ellen Abell

(a) Residence, No. 4320 Washington Ave St. **19**
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert Abell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 11, 1871</u>		
7. AGE <u>67</u>	YEARS <u>10</u>	MONTHS <u>21</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation.....
9. Industry or business in which work was done, as saw mill, bank, etc. <u>At Home</u>		
10. Date deceased last worked at this occupation (month and year).....		
12. BIRTHPLACE (CITY OR TOWN) <u>DeSoto</u> (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>Jacob Bucher</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Switzerland</u> (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Maude Bucher</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)		
17. INFORMANT <u>Mrs Jessie Weiseman</u> (ADDRESS) <u>4320 Washington, St. Louis</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>DeSoto, Mo</u> DATE <u>March 4</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) <u>Lee Mothershead</u> (ADDRESS) <u>DeSoto, Missouri</u>		
20. FILED <u>MAR 8 1939</u> <u>J. D. Bucher</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2 39 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1939, to March 2, 1939
 I last saw h. e. alive on Feb 21, 1939. Death is said to have occurred on the date stated above, at 1:42AM
 The principal cause of death and related causes of importance were as follows:
Cerebral Haemorrhage
 Date of onset 2/21/39

Other contributory causes of importance:
Arterio Sclerosis

Name of operation None Date of.....
 What test confirmed diagnosis? By G. f. 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? Yes
 If so, specify.....
 (Signed) Carl A. [Signature], M. D.
 (Address) 206 - 12 - No. Theatrical Bldg

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.