DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24052

Registration District No. 791 1003 REC'D AUG 11 1939

Primary Registration District No.

Registrar's No. 6325

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3029A FRANKLIN. AVE (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO 1 (b) County

(c) City or town ST. LOUIS. (If outside city or town limits, write "RURAL") 21

(d) Street No. 3029A FRANKLIN. AVE (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ELLEN WADE 3rd

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race Colored

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife SILAS

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 5 (Month) 31 (Day) 1870 (Year)

8. AGE: Years 69 Months 1 Days 12 If less than one day hr. min.

9. Birthplace BONE TERRE (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation NONE 9

11. Industry or business 9

FATHER
12. Name IRASH JOHNSON
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name FIBEE SIZE
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant's own signature [signature]

(b) Address 3029A FRANKLIN AVE

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 18 1939 (Month) (Day) (Year)

(c) Place: burial or cremation GRENNWOOD CEM.

18. (a) Signature of funeral director Bennie Lone

(b) Address 3103 Washington Blvd

19. (a) JUL 18 1939 (Date received local registrar) (b) J. F. Bedick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13, day July year 1939 hour 10 minute 45 M.

21. I hereby certify that I attended the deceased from July 10th, 1939, to July 13, 1939 that I last saw her alive on July 12, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Sternum

Due to Carcinoma of Stomach

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 2746 Franklin Date signed 7-17-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

I X19511

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 William C. McDowell, Registered Apprentice No. _____ working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address _____

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

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