

Registration District No. **791**
1008

Primary Registration District No. _____

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: **Homer G. Phillips**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **61 days**
In this community **Unknown** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ella Huntley 534**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **negro** 6. (a) Single, widowed, married, divorced **widow**

6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **unk** **ABT 1882**
(Month) (Day) (Year)

8. AGE: Years **abt. 57** Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace **South Carl** (City, town, or county) (State or foreign country)

10. Usual occupation **Domestic**

11. Industry or business _____

MOTHER FATHER
12. Name **Ella Huntley**
13. Birthplace **South Carl**
14. Maiden name **Ella Rosetta Bess**
15. Birthplace **South Carl**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Viola Bess**
(b) Address **2807 Easton Ave**

17. (a) _____ (b) Date thereof **10. 30. 39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Atkins Bros**
(b) Address **3644 Finney Ave**

19. (a) **Oct 30 1939** (b) **J. F. Brebeck**
(Local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **21**
(If outside city or town limits, write "RURAL")
(d) Street No. **2320 Wash Street**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **25**
year **1939** hour **11:55** minute **A.** M.

21. I hereby certify that I attended the deceased from **8-26-** 19 **39**, to **10-25-** 19 **39**;
that I last saw her alive on **10-25-** 19 **39**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Maxillary, Frontal, Ethmoid and Sphenoid Sinuses, Rt.**
Due to **Primary site unknown**
Due to **Orbital Malignancy**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy **none**

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) _____
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. W. N. Oles** (M. D. or other) **10 26 1939**
Address **2601 N. Whittier** Date signed _____

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.

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.

Signed.....

Rouis V. Atkins

Licensed Embalmer No. *2842*

P. O. Address *3644 Finn*

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.