

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

714

Do not use this space.

FILED FEB 17 1940

791  
1002

714

1. PLACE OF DEATH

- (a) County..... Registration District No. 2  
 (b) Township..... Primary Registration District No.  
 (c) City ST. LOUIS (d) Street No. 4216 Hereford 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 4 yrs. - mos. - ds.

2. PRINT FULL NAME ELLEN A. STALLINGS

- (a) Residence, No. 4216 Hereford St. 14  
 (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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST 23, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
79      5      0

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

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

10. Date deceased last worked at this occupation (month and year) JAN. 1926 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND

FATHER 13. NAME JOHN NORTON

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

MOTHER 15. MAIDEN NAME JULIA MULLOY

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

17. INFORMANT Rosalee S. Bunge (ADDRESS) ST. LOUIS, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE EAST ST. LOUIS, ILL. DATE JAN. 23, 1940

19. FUNERAL DIRECTOR (NAME) John J. Casaly (ADDRESS) EAST ST. LOUIS, ILL.

20. DATE JAN 24 1940 Local Registrar. J. B. Budick

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from about 1925, to 1-23-, 1940

I last saw her alive on 1-21, 1940. Death is said

to have occurred on the date stated above, at 9:25 A.M.

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

Degenerative Heart Disease  
Hypertension  
Heart Coronary & Damaged  
Arteriosclerosis

Other contributory causes of importance:  
Diabetes Mellitus  
Chronic Bronchitis

Date of onset 1920-1925  
50 years  
1925  
earlier

1908  
2 yrs.  
1925

Name of operation none Date of.....  
 What test confirmed diagnosis? Obvial 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? no  
 If so, specify.....  
 (Signed) Louis J. Outter, M. D.  
 (Address) 3722 Washington, St. Louis, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

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**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 *L. R. Cooper* .....

Licensed Embalmer No. *3633* .....

P. O. Address *2317 Lafayette* .....

**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.**