

SEP 25 1940 791
Registration District No.

Primary Registration District No.

1003

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

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether
In this community. 33 years
years, months or days)

3. (a) PRINT FULL NAME Ella Moore

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

4. Sex F 5. Color or race Negro 6. (a) Single, widowed, married, divorced Sep

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

7. Birth date of deceased January 28, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 5 28 hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laundress

11. Industry or business Unk

MOTHER FATHER { 12. Name James Starker

13. Birthplace Georgia
(City, town, or county) (State or foreign country)

14. Maiden name Unk

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Florence A Spotts

(b) Address 2601 N Whittier

17. (a) burial (b) Date thereof 8-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem

18. (a) Signature of funeral director John Hamilton

(b) Address City Health Dept

19. (a) AUG 28 1940 (b) [Signature]
(Date received 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. 2905 Laclede
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1940 hour 6:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 14, 1940, to July 26, 1940;
that I last saw her alive on July 26, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death
Aneurysm, Aorta
Pulmonary Edema

Duration
5 yrs
5 days

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy As above

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 [Signature] (M. D. or other) _____

Address 2601 N Whittier Date signed _____

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.....

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.