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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30175

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 7452

OCT 25 1940

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: Firma DeLoge Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks 1 (Specify whether

In this community 11 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis

(c) City or town St Louis Co NR (If outside city or town limits, write "RURAL")

(d) Street No. 9530 Olive St Road (If rural, give location)

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

3. (a) PRINT FULL NAME Izetty Harrell

3. (b) If veteran, name war ✓

3. (c) Social Security No. Don't Know

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Wesley Harrell

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June (Month) 21 (Day) 1880 (Year)

8. AGE: Years 60 Months 2 Days 13 If less than one day hr. min.

9. Birthplace Lincoln County (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housewife 9

11. Industry or business 9

FATHER
12. Name Stephan W Willis 1
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

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

16. (a) Informant Mrs Graden White

(b) Address Lemay, St Louis Co, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 5 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Troy Mo, Elexander Cem

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co

(b) Address St Charles Mo

19. SEP 5 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3 year 1940 hour 3 minute 50 AM

21. I hereby certify that I attended the deceased from July 15, 1940, to September 3 1940 that I last saw her alive on September 2, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage, post-operative	12 hr.
Due to operation 46	
Due to Carcinoma of the stomach approx	14 yr.
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Adenocarcinoma of the stomach

Of autopsy Not done

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? (Specify type of place)

While at work? (e) Means of injury 1

23. Signature Dwan Heen Ho (M. D. or other) M. D.

Address 1325 So. Grand Blvd Date signed 9-4-40

(Licensed Embalmer's Statement on Reverse Side)

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 Joseph Lindolt, Registered Apprentice No. 243 working under my personal supervision.

Signed John C. Dallmeyer

Licensed Embalmer No. 2451

P. O. Address St Charles Mo

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

If this body is not embalmed, fact should be so stated above.