

FILED NOV 25 1940

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 2041

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 14 years
years, months or days)

3. (a) PRINT FULL NAME Lula Ellis

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

4. Sex female 5. Color or race colored 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John Ellis 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Aug. 21 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 2 8 hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name Willis Gibson
13. Birthplace Hickory Miss.
(City, town, or county) (State or foreign country)
14. Maiden name Lulu Milder
15. Birthplace Unknown Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant John Ellis
(b) Address Carson & Spudder Kinloch
17. (a) Burial (b) Date thereof 11-1-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bros
(b) Address Lix & Spudder Kinloch
19. (a) OCT 31 1940 (b) R. M. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town S. Kinloch
(If outside city or town limits, write "RURAL")
(d) Street No. Carson and Spudder Rds.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1940 hour 1 minute :40 P.M.

21. I hereby certify that I attended the deceased from 10-27-40
_____, 19____, to 10-29-40, 19____;
that I last saw her alive on 10-29-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation 4 da
Due to Hypertensive cerebral-vascular disease 1 yr.

Due to _____
Other conditions 95 H.P.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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 H. H. Farmer Jr. (M. D. or other) 1
Address Co. 3rd Reg Date signed 10/30/40

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, fact should be so stated above.