

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St Louis
 (b) City or town St Louis
 (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 16 hrs 25 min
 In this community 12 years
 (Specify whether years, months or days)

8. (a) PRINT FULL NAME Ella Lee Peoples8. (b) If veteran, name war no, 8. (c) Social Security No. none,4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Oscar Peoples, 6. (c) Age of husband or wife if alive 38 years7. Birth date of deceased March 25th 1906.
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
34 7 24 hr. min.9. Birthplace Martin, Tenn.
(City, town, or county) (State or foreign country)10. Usual occupation House-wife,11. Industry or business Domestic duties,12. Name Tom Bachler,13. Birthplace Martin, Tenn.
(City, town, or county) (State or foreign country)14. Maiden name Anna Mason,
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Oscar Peoples(b) Address 2708 Mill, St, St Louis, Mo.17. (a) Burial, (b) Date thereof Nov 23rd
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Greenwood Cem:ty. Ill.18. (a) Signature of funeral director R. C. Houston(b) Address 2812 Thomas, St.19. (a) NOV 22 1940 (b) J. B. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
 (c) City or town St Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2708 Mills St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18
year 1940 hour 10:10 minute A.M.21. I hereby certify that I attended the deceased from
November 17, 1940, to November 18, 1940
that I last saw her alive on November 18, 1940
and that death occurred on the date and hour stated above.Immediate cause of death
Uremia, caused by arteriosclerosis 4 days
Hypertensive Heart Disease 15 mos

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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.....

myself
.....
working under my personal supervision

....., Registered Apprentice No.

Signed *[Signature]*.....

Licensed Embalmer No. *2211*.....

P. O. Address *7912 Thomas St*.....

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.