

1-4-41
-17-39
X26390

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days
(Specify whether
In this community Unknown
years, months or days)

3. (a) PRINT FULL NAME Ellen Evans
3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced, Widow
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 75 Months Days If less than one day
hr. min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

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

16. (a) Informant Ann Morrison
(b) Address St. Louis City Hospital #1.

17. (a) Cremation (b) Date thereof 5-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director W. J. White
(b) Address City Hospital #1

19. (a) MAY 20 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 6.7
(If outside city or town limits, write "RURAL")
(d) Street No. 4713 Page Ave., 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29,
year 1941 hour 6:05 minute P.M.
21. I hereby certify that I attended the deceased from April
22, 1941 to April 29, 1941
that I last saw her alive on April 29, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 7 days
Due to Essential Hypertension ipm
Due to Generalized Arteriosclerosis Wps.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations [Signature]
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) (Means of injury)
23. Signature Rosell Howell M. D. [Signature]
Address 1515 Lafayette Avenue, Date 5/30/41

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

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.