

SEP 17 1941 791
Registration District No. _____

Primary Registration District No. _____

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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: _____
4929 Thekla Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Herbert A. Ezell

3. (b) If veteran, name war Yes, World War

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Loretta Sanders Ezell

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased January 6, 1899
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>42</u>	<u>6</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation Ex Soldier

11. Industry or business _____

12. Name John Ezell

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

14. Maiden name Walter Edgar
(City, town, or county) (State or foreign country)

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

16. (a) Informant Loretta Ezell

(b) Address 4929 Thekla Ave.

17. (a) Burial (b) Date thereof Aug. 2, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 4746 W. Florissant Ave.

19. (a) AUG - 1 1941 (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
(If outside city or town limits, write "RURAL")

(d) Street No. 4929 Thekla Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1941 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 5 1941 to July 30 1941
that I last saw him alive on July 30 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

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

Address 2714 S. Shaw St Date signed 8/1/41

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.....

W. W. Wilkinson

Licensed Embalmer No.

3575

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.