

No. 2  
1-4-41  
-17-39  
X 26390

STANDARD CERTIFICATE OF DEATH

State File No.

DEC 22 1941

791

Registration District No.

Primary Registration District No.

1003

Registrar's No.

8797

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Mary's Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 dys (Specify whether  
In this community Life years, months or days)

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. 1816 a Cole (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 4  
year 41 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10-27-41  
to 11-4-41  
that I last saw her alive on 11-4-41, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Influenzal Meningitis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(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 Louis J. Davis (M. D. or other) \_\_\_\_\_  
Address 1536 Papin St. Date signed 11-5-41

3. (a) PRINT FULL NAME Ella Louise Horton

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. May 10th 1941  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 5 Days 25  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Baby

11. Industry or business \_\_\_\_\_

12. Name Hortnita Horton

13. Birthplace V. K. Ark  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Wayze

15. Birthplace V. K. Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary E Horton

(b) Address 1816 a Cole St

17. (a) Quarrel (b) Date thereof 11-6-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Washington  
Lucas to Park Cem

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Ellis Fun Home

(b) Address 2920 Shaward St

19. (a) NOV 6 1941 (b) J. J. Buehler  
(Date received local registrar) (Registrar's signature)

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 L. Baykin  
....., Registered Apprentice No. 727  
working under my personal supervision.

Signed Lommie Baykin  
Licensed Embalmer No. 2946  
P. O. Address St. Louis Mo

**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.**