

FILED JUN 2 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

300
19
9

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:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 82 days
(Specify whether

In this community..... 5 years
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. 24 So. Theresa Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... Ella Marzette

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day..... 21st
year..... 1942 hour..... 7 minute..... 15 A. M.

21. I hereby certify that I attended the deceased from..... 24 - 1942 to..... 5 - 17 - 1942
that I last saw her alive on..... 5 - 17 - 1942
and that death occurred on the date and hour stated above.

4. Sex..... F. 5. Color or race..... Bl. 6. (a) Single, widowed, married, divorced..... Married

(b) Name of husband or wife..... Robert Marzette 6. (c) Age of husband or wife if alive..... 31 years

7. Birth date of deceased..... April 22, 1914
(Month) (Day) (Year)

Immediate cause of death.....
Pneumonia

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years..... 28 Months..... Days..... 29 If less than one day..... hr..... min.....

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

10. Usual occupation..... Housewife

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....

Of autopsy.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

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

14. Maiden name.....

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

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..... 0

23. Signature..... Lucius S. Davison M. D. or other.....
Address..... 1536 Papin Date signed..... 5-21-42

16. (a) Informant..... Robert Marzette
(b) Address..... 24 So. Theresa Ave.

17. (a) Burial (b) Date thereof..... 5/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Washington Park

18. (a) Signature of funeral director..... J. C. Gordon
(b) Address..... 2649 Nelmar Blvd.

19. (a) 5-26-42 (b) J. F. Pudelek
(Date received from registrar) (Registrar's signature)

4557

4557

2-25-89

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 *Myself*

Signed *Wm Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *2649 Welmer*

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.