

AUG 14 1942 91

Primary Registration District No.

1003

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

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis
(c) Name of hospital or institution: Homer Phillip (D.O.A.)
(d) Length of stay: In hospital or institution. 21 years
In this community 21 years

3. (a) PRINT FULL NAME ELLA WOODARD

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

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married 2 divorced widowed
6. (b) Name of husband or wife Jerry 6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased. 12 (Month) 30 (Day) 1890 (Year)

8. AGE: Years 51 Months 6 Days 29 If less than one day hr min.

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

10. Usual occupation Housework

11. Industry or business

12. Name Eus Shate

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

14. Maiden name Charlotte Nolan

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

16. (a) Informant Reese Hoyell
(b) Address Crownville Miss

17. (a) Burial (Burial, cremation, or other) (b) Date thereof 8-3-42 (Month) (Day) (Year)
(c) Place: burial or cremation father's grave

18. (a) Signature of funeral director Stephen Sano
(b) Address Kirkwood

19. (a) AUG 3 1942 (Date received local registrar) (b) J. H. Bredack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17
(c) City or town St Louis
(d) Street No. 2601 1/2 Chateau
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th year 1942 hour 12:30 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion; Arteriosclerosis.

Due to _____

Due to _____

Other conditions _____

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) _____ (Means of injury)

23. Signature Jerry (M. D. or other) _____
Address _____ Date signed 7/31

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

.....
working under my personal supervision.

Myself

....., Registered Apprentice No.

Signed *Glenn E. Anderson*

Licensed Embalmer No. *4147*

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.