

FILED
JAN 26 1943
LX329

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **510**

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. Louis City Infirmary.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether 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. ~~5000 Arsenal Ave.~~ **3841 Washington**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Ella McQueen.**

3. (b) If veteran, name war **none.**

3. (c) Social Security No. **none.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **15th**
 year **1943** hour **5:10** minute **A.** M.

4. Sex **Female.** 5. Color or race **White**

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased **April 16th 1859**
(Month) (Day) (Year)

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.

8. AGE: Years **83** Months **8** Days **29**
If less than one day hr. min.

9. Birthplace **Des Moines, Iowa**
(City, town, or county) (State or foreign country)

Immediate cause of death **Hypostatic Pneumonia; Fracture of Right Femur; Carcinoma of Caecum; when deceased fell to the floor while attempting to get up from a rocking chair, at the City Infirmary, on Jany. 12th, 1943, about 3:30 P.M.**

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

10. Usual occupation **at home**

11. Industry or business.....

MOTHER FATHER { 12. Name **John McQueen.**

13. Birthplace **unknown New York**
(City, town, or county) (State or foreign country)

14. Maiden name **Ann Fisher.**

15. Birthplace **unknown New York**
(City, town, or county) (State or foreign country)

16. (a) Informant **Para D. Perkins**
 (b) Address **6242 Waterman.**

17. (a) **Cremation** (b) Date thereof **Jan. 16, 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Crematory.**

18. (a) Signature of funeral director **C. R. Lupton & Sons.**
 (b) Address **7233 Delmar, Blvd.**

19. (a) **J. F. Buech**
(Date received local registrar) (Registrar's signature)

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) **Accident 100**

(b) Date of occurrence **13 Jan. 12th, 1943**

(c) Where did injury occur? **St. Louis, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Place
(Specify type of place)

While at work?..... (a) Means of injury.....

23. Signature **Thomas F. Callahan** (M.D. or other)
 Address **Deputy Coroner** Date signed **1-19-43**

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

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City Coroner

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.

Not Embalmed

Signed *Clarence H. Murray*

Licensed Embalmer No. *4011*

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.