. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8359

Registration District No. 218 Primary Registration District No. 100 Registrar's No. 2882

1. PLACE OF DEATH:

(a) County
(b) City or town Saint Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5800 Water Street, /
(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)
In this community Unavailable

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009 12
(c) City or town St. Louis 9 1
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 South Water
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ella Harris

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race 3 Negro

6. (a) Single, widowed, divorced 2 Widow

6. (b) Name of husband or wife

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

7. Birth date of deceased Unavailable (Month) 15 (Day) 1871 (Year)

8. AGE: Years About 72 Months / Days If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Willis Terell

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

14. Maiden name Mary Long

15. Birthplace Unavailable (City, town, or county) Tenn. / (State or foreign country)

16. (a) Informant Minnie Jones
(b) Address 6103 South Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/43 (Month) (Day) (Year)
(c) Place: burial or cremation Oakdale Cemetery

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) MAR 26 1943 (Date received local registrar) (b) J. J. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd year 1943 hour 4:30 minute P. M.

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

Immediate cause of death — Duration
Coronary Sclerosis;
Arteriosclerosis;
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 Alfred G. Gerrity (M. D. or other)
Address 1300 Palm Avenue Date signed 3/27/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

William C. McDowell, Registered Apprentice No.....,

working under my personal supervision.

Signed. William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 1711 North Taylor Aven

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.