

Registered District No. 318

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,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Homer G. Phillips Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 0.13 day  
In this community 18 months (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. 2814 Wickson Street,  
(If rural, give location)  
(e) Citizen of foreign country? Born U.S.O.F.A. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ethel Turner,

3. (b) If veteran, name war none, 3. (c) Social Security No. ?

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

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

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years abt 45 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Marshall County, Miss. (City, town, or county) (State or foreign country)

10. Usual occupation domestic,

11. Industry or business house-wife,

12. Name Sidney Bowen,

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

14. Maiden name Marrett Ellis,

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

16. (a) Informant Mrs. Eppie Peoples  
(b) Address 2814 Wickson Street,

17. (a) (Burial, cremation, or removal) burial, (b) Date thereof 5/4/45  
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood & P...

18. (a) Signature of funeral director W. J. Bredeck  
(b) Address 2812 7th St.

19. (a) (Date received local registrar) MAY 7 1945 (b) (Registrar's signature) J. J. Bredeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd,  
year 1943. hour 7:20 minute 1. 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 Chronic Myocarditis;  
Chronic Interstitial Nephritis.

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

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

Other conditions 1/21  
(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) (b) Means of injury 3

23. Signature W. J. Bredeck (M. D. or other) \_\_\_\_\_  
Address 2812 7th St. Date signed 5/4/45

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.....

*Myself*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*R. Houston*

Licensed Embalmer No. *2266*

P. O. Address *2812, Thomas St*

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.