S. No. 2
OM—2-43
5-17-39
X3362

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 16153

FILED JUN 9 1943

Local Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4655

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: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 009 17 4 6
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5904 Lotus Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NETTIE EZELL GULETT.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife ? Gulett.
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased November 5, 1870. (Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 12 If less than one day hr. min.

9. Birthplace Cherryville, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Dont know.
13. Birthplace Dont know. (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Dont know.
15. Birthplace Dont know. (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs. Mae Ezell.
(b) Address 5243 Raymond Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-1943. (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery
18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966 Easton Ave.
19. (a) MAY 20 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th. year 1943 hour 3:55 minute 30 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 Fractured Right femur
Duration
Due to Brief period after accident on Hamlin Ave about 150 feet south of Lotus on Jan 23 1943 about 8:45 AM.
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No
Of autopsy No

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
(b) Date of occurrence Jan 23 1943
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? No (e) Means of injury Fall
23. Signature Thomas F. Callaum (M. D. or other)
Address Deputy Coroner Date signed 5-18-43

MAY 19 1943

(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 3454 David C. Gibson, Registered Apprentice No. 846, working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. L

**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.**