

FILED JAN 3 1944

318

Primary Registration District No. 1003

Registrar's No. 14592

1. PLACE OF DEATH:

(a) County East St. Louis

(b) City or town East St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Isolation Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12-16-43 to
(Specify whether years, months or days)

In this community 12-23-43
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999

(c) City or town East St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3815 State St.
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Stella Henson

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

4. Sex Female 5. Color or race White 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 April 28 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65	7	25	_____ hr. _____ min.
----	---	----	----------------------

9. Birthplace Hacoupan Ill
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Mitchell

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

{ 14. Maiden name Ellen Gates

{ 15. Birthplace Illinois ?
(City, town, or county) (State or foreign country)

16. (a) Informant H. Buchanan

(b) Address Isolation Hospital

17. (a) Removal (b) Date thereof 12/23/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis Ill

18. (a) Signature of funeral director Charles E. Currier

(b) Address East St. Louis Ill

19. (a) DEC 23 1943 (b) J. F. Brecken
(Date received local notification) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
year 1943 hour 10:05 minute A.M.

21. I hereby certify that I attended the deceased from 12-16-43
to 12-23-43, 1943,
that I last saw her alive on Dec. 23, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cause unknown

Due to Cerebral contribution
and shock.

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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 Francis M. Luce (M. D. or other)
Address 5600 Arsenal Date signed 12/23/43

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

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.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.