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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26038

Registration District No. 1918

Primary Registration District No. 1003

Registrar's No. 7024

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(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 11 days (Specify whether years, months or days)

In this community Unk.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009 12

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 11

(d) Street No. 4448 Kennerly (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ella Bostick

3. (b) If veteran, name war no

3. (c) Social Security No. Not any

4. Sex F

5. Color or race Negro

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

6. (b) Name of husband ~~or wife~~ William Bostic

6. (c) Age of husband ~~or wife~~ if alive 76 years

7. Birth date of deceased Nov. 15th 1868 (Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 23 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business Unk

MOTHER FATHER

12. Name Unk

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

14. Maiden name Unk

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

16. (a) Informant Robert Moore.

(b) Address 1019 N. Compton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem,

18. (a) Signature of funeral director Morris Adams

(b) Address 3849 Windsor Place.

19. (a) AUG 11 1944 (Date received local registrar) (b) J H Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8, year 1944 hour 9 minute 40 P. M.

21. I hereby certify that I attended the deceased from July 28, 1944, to August 8, 1944; that I last saw her alive on August 8, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	11 days
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Ella Moore (M. D. ~~or other~~)

Address 260 W Letter Date signed 8/10/44

(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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin

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.