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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 8 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2580

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:
Saint Maby's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks
(Specify whether years, months or days)

In this community 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saint Louis

(c) City or town Clayton
(If outside city or town limits, write "RURAL")

(d) Street No. 7722 Bonhomme Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME ELLA MAJORS STORY

3. (b) If veteran, name war No

3. (c) Social Security No. 494-2667364

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

6. (b) Name of husband or wife Albert Story 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased December 31 1892
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1st
year 1944 hour 1 minute 33 A.M.

21. I hereby certify that I attended the deceased from July 1944, to August 31 1944,
that I last saw her alive on 8-30 1944,
and that death occurred on the date and hour stated above.

8. AGE: Years 51 Months 8 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Union City Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Cafeteria Attendant

11. Industry or business St. Louis Ordnance Plant

12. Name Alfred Majors

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

14. Maiden name Margaret Unavailable

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

16. (a) Informant Albert Story
(b) Address 7722 Bonhomme Av. Clayton, Mo

17. (a) Burial (b) Date thereof 9-5-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Saint Peter's Cem.

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) SEP 1 1944 (b) J. F. Bruleck
(Date received local registrar) (Registrar's signature)

Immediate cause of death Cancer of liver

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) Means of injury _____

23. Signature J. E. Smith, M.D. (M. D. or other) 9/1/44
Address 11 No. Jefferson Ave. Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

N.R.

Handwritten initials/signature

Duration _____

& Mas. _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

STATE OF MISSISSIPPI

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.....

Thomas J. Gates....., Registered Apprentice No.....

working under my personal supervision.

Signed: .....

Licensed Embalmer No. 4259.....

P. O. Address 4107 Finney Ave......

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.