

FILED OCT 24 1944

Registration District No. 317

Primary Registration District No. 3068

Registrar's No. 2131

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3523 Cambridge Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 3523 Cambridge Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs Ella I. Haering

MEDICAL CERTIFICATION

3. (b) If veteran, name war None

3. (c) Social Security No. None

20. DATE OF DEATH: Month Oct day 16
year 1944 hour 11 minute 45 A. M.

4. Sex Female 5. Color or race White

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

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

21. I hereby certify that I attended the deceased from Oct 10
1944, to Oct 16, 1944
that I last saw her alive on Oct 16, 1944
and that death occurred on the date and hour stated above.

7. Birth date of deceased Nov. 21, 1873
(Month) (Day) (Year)

Immediate cause of death:
Cerebral hemorrhage 6 days

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>10</u>	<u>25</u>	hr. min.

Due to.....

Due to.....

9. Birthplace Washington Ind.
(City, town, or county) (State or foreign country)

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

10. Usual occupation Retired Housewife

Major findings:
Of operations.....

11. Industry or business.....

Of autopsy.....

12. Name ? Coupe

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

14. Maiden name Ella Irene Bell

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

16. (a) Informant Dorothy A. Barnes

(b) Address 3523 Cambridge Ave. Maplewood, Mo.

17. (a) Burial (b) Date thereof Oct. 18, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester, Maplewood, Mo.

19. (a) OCT 19 1944 (b) E. S. Melhusen, M.D.
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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)

23. Signature Pierre M. Brossard, M.D.
(M. D. or other)

Address 3500 Cambridge Maplewood, Mo. Date signed 10/18/44

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

6658

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

....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Mansfield

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.