

FILED DEC 27 1944 318

Registrar's No. 10544

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5592 Pershing
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)
In this community 2 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5592 Pershing
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELLEN MANESS JACKSON

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9 year 44 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from Dec 8, 1944 to Dec 9, 1944 that I last saw her alive on Dec 9, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexia cerebri

Duration _____

Due to _____

Due to 83

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ellen Ross (M. D. or other) _____
Address 1918 9th St Date signed _____

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased not (Month) 1 (Day) 1863 (Year)

8. AGE: Years 81 Months 1 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace St. Joseph Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John McGinnis

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

14. Maiden name Elizabeth Long

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

16. (a) Informant Mrs. John Beaver

(b) Address 5592 Pershing

17. (a) Burial (Burial, cremation, or removal) Date thereof 12/10/44 (Month) (Day) (Year)

(c) Place: burial or cremation Private Burial

18. (a) Signature of funeral director J. A. Hoover

(b) Address 4212 St. Louis Ave
(a) DEC 11 1944 (Date received by registrar) J. F. Bredeek (Registrar's signature)

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

MOTHER FATHER

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.

Albert G. Happe

Licensed Embalmer No. 2971

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.