

FILED JAN 31 1945 **318**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
3943 Aldine 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 50 years / (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Ella Clark

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 3. 5. Color or race negro 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased June 21 1881
(Month) (Day) (Year)

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

63 6 24 hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business at home

12. Name Mingo Cross

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

14. Maiden name Maria Johnson

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

16. (a) Informant Ardine Bell

(b) Address 3943 Aldine ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/45
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C.W. Roberts

(b) Address 1416 North Taylor ave

19. (a) JAN 20 1945 (b) J. P. Medeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 3943 Aldine ave
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Jan / Day 16 year 1945 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis
senility

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? _____

23. Signature [Signature] (Specify type of place) _____ (M. D. or other) _____

Address _____ Date signed 1/20/45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Fulton E. Culkin

Licensed Embalmer No. 498

P. O. Address 1215 Jones St Harris 13 Pa

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.