

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

278
5-45

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
6324 Spencer Place
(If not in hospital or institution, write street number or location)

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

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ellen Goodman Day.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Henry Day

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

7. Birth date of deceased Sept. 20, 1876.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>3</u>	<u>25</u>	_____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Reter Gross

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

14. Maiden name Don't Know

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

16. (a) Informant Mrs. Nettie Moore

(b) Address 6324 Spencer Place

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 16/45
(Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Jos. W. Clark,

(b) Address 1125 Hodiamont Ave.

19. (a) 1/15/45 (Data received local registrar) (b) E. S. McLaurin (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 6324 Spencer Place
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14
year 1945 hour 9.40 minute A.M. M.

21. I hereby certify that I attended the deceased from Dec 1
1944 to Jan 12 1945
that I last saw h. er alive on Jan 12 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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)

(a) Means of injury _____

23. Signature E. S. McLaurin (M. D. or other) _____

Address 607 no. Bond Date signed 1-15-45

Duration Rev. Yes.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

FEB 8 1945

Dr. L. B. Harrison,
University Club Bldg.,
JE. 6098.
3-10-45
~~4:30-6:00 P.M.~~

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 Alan J. Neely
Licensed Embalmer No. 3225
P. O. Address 1125 Hodiamont 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.