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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 6 1945

State File No. 7535

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2704

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: 3526 Humphrey St.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3526 Humphrey St. 216
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ellen Bright

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John

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

7. Birth date of deceased Jan. (Month) 15 (Day) 1862 (Year)

8. AGE: Years 83 Months 2 Days 7 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name John Cull
13. Birthplace England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Chance
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie Matheny
(b) Address 3526 Humphrey St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 26, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthew's Cemetery

18. (a) Signature of funeral director Wackerle-Helderle
(b) Address 3634 Gravois Ave.

19. (a) MAR 26 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 22 year 1945 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar. 28th, 1939 to Mar. 22, 1945, that I last saw her alive on Mar. 22, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Arteriosclerosis — 10 yrs
Chr. Myocarditis — 5 yrs
Due to
Due to
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. N. Steri M.D. (M. D. or other)
Address 3606 Gravois Date signed 3/27/45

(Licensed Embalmer's Statement on Reverse Side)

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 Robert C. Wheeler

Licensed Embalmer No. 2178

P. O. Address St Louis Mo

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.