S. No. 2
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X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36041

FILED NOV 29 1945

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 10111

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: 4133 Toenges ave. /--
(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 Saint Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4133 Toenges 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ELLA M. WORD

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 13 (Day) 1879 (Year)

8. AGE: Years 66 Months 8 Days 8 If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business Unemployed

FATHER
12. Name David Word
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Henderson
15. Birthplace Kentucky (City, town, or country) (State or foreign country)

16. (a) Informant Eugene T. Word
(b) Address 4133 Toenges, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 23, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director C.Hoffmeister U.& L.Co.
(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) NOV 23 1945 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21 year 1945 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 1 1945, to Nov 21 1945, that I last saw him alive on Nov 21 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic — Duration ?
Mitral stenosis — ?
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 N. J. Wagenbach (M. D. or other)
Address 4738 Gravois Av. Date signed 11/22/45

(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. Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.