

S. No. 2  
M-5-43  
7. 5-17-39  
P I X38671

**FILED JAN 18 1946**

100

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (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:  
St. Marys Inf.  
(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)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County 999  
 (c) City or town E. St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 616 Peggatt  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 2  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Ella Sangston  
**3. (b) If veteran,** name war No **3. (c) Social Security No.** No  
**4. Sex** Female **5. Color or race** Col.  
**6. (a) Single, widowed, married, divorced.** Widow  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** Dec. 25th. 1890  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month 1/1/46 day \_\_\_\_\_ year \_\_\_\_\_ hour 9 minute 00A M.  
**21. I hereby certify that I attended the deceased from** 12/29/45, 19\_\_\_\_, to 1/1/46, 19\_\_\_\_, that I last saw h\_\_\_\_\_ alive on 1/1/46, 19\_\_\_\_, and that death occurred on the date and hour stated above.  
 Immediate cause of death Cerebral Hemorrhage Duration 4 days

**8. AGE:** Years 55 Months 56 Days 0 If less than one day 6 hr. \_\_\_\_\_ min.

**9. Birthplace** Miss. (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_  
**10. Usual occupation** Unemployed

**11. Industry or business** \_\_\_\_\_  
**12. Name** Isom layton  
**13. Birthplace** Miss. (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_  
**14. Maiden name** Mosrine  
**15. Birthplace** Miss. (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

**16. (a) Informant** Fulu Ford  
**(b) Address** 315 So. 8th. St.  
**17. (a) Removal** (Burial, cremation, or removal) Removal **(b) Date thereof** 1/7/46  
(Month) (Day) (Year)  
**(c) Place: burial or cremation** Booker Washington

**18. (a) Signature of funeral director** [Signature]  
**(b) Address** 1318 Broadway  
**19. (a)** JAN 5 1946 **(b)** J. F. Predeck  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) 8/2/45  
 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? \_\_\_\_\_  
 While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (a) Means of injury \_\_\_\_\_  
**23. Signature** [Signature] (M. D. or other) 1/1/46  
**Address** 1421 Kansas - E. St. Louis **Date signed** 1/1/46

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

3057

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.....

*Melvin Edward Green*, Registered Apprentice No. *383*

working under my personal supervision.

Signed *M. E. Green*

Licensed Embalmer No. *1173*

P. O. Address *3517 Sacler 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.**