

FILED FEB 9 1946

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5201a Page Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Catherine J. Ellison

3. (b) If veteran, name war ----- 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 John 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased Oct. 29 1879
(Month) (Day) (Year)

8. AGE: 66 Years Months 3 Days 2 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Thomas Owens
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Jane Kelly
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine L. Ellison

(b) Address 5201a Page Blvd.

17. (a) Burial (b) Date thereof 2 - 4 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Joseph P. Street

(b) Address 1225 Union Blvd.

19. (a) FEB 2 1946 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5201a Page Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1st
year 1946 hour 3: minute 10 A.M.

21. I hereby certify that I attended the deceased from June 11 1945 to February 1 1946
that I last saw her alive on January 31 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Purpura of Stomach Duration 1 yr.

Due to Hb

Other conditions Arterio-sclerosis 5 yrs.
(Include pregnancy within 3 months of death)

Major findings: Secondary Arterio- PHYSICIAN

Of operations. Underline the cause to which death should be charged statistically.

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?

(Specify type of place) (e) - Means of injury _____

23. Signature Joseph P. Street (M. D. or other) MD
Address 1303 N. Henry Date signed 2/1/46

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 *John Agonowski*
Licensed Embalmer No. *3398*
P. O. Address.....

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.