S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33145

Primary Registration District No. 1002

Registrar's No. 8897

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2135 Randolph
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ella White

3. (b) If veteran, name war NO

3. (c) Social Security No. —

4. Sex Female

5. Color or race Colored

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

6. (b) Name of husband or wife Sam

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased 12 (Month) 18 (Day) 1872 (Year)

8. AGE: Years 74 Months 9 Days 1 If less than one day hr. min.

9. Birthplace St. Joseph, La (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business —

FATHER
12. Name Unk Grass
13. Birthplace Unk. La. (City, town, or county) (State or foreign country)

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

16. (a) Informant Sam White
(b) Address 2135 Randolf

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 25 47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. L. Beal Und. Co.
(b) Address 4303 Delmar

19. (a) SEP 23 1947 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19
year 1947 hour 8 minute 28 A M.

21. I hereby certify that I attended the deceased from Sept. 8, 1947, to Sept. 19, 1947
that I last saw her alive on Sept. 19, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Uterus with Metastasis	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

PHYSICIAN

Underline the cause of 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 0

23. Signature John B Clayton (M. D. or other)

Address 2601 N Whittier Date signed 9/23/47

Jefferson City Printing Co.

(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.....Nora I. Wilson.....

Licensed Embalmer No.....4435.....

P. O. Address.....2618 Bellingham.....

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.