

79047
FILED NOV 28 1947

Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 10624

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hour
(Specify whether)

In this community 5 years
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. 1012a Barton Street
23 (If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME ORA LEE ELAM

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Luby

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased December 29, 1908
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>10</u>	<u>19</u>	hr. min.

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

10. Usual occupation House-wife
At Home

11. Industry or business Thomas Lee Whitt

12. Name Thomas Lee Whitt

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Maggie

15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Luby Elam

(b) Address 1012a Barton Street

17. (a) burial (b) Date thereof 11-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cemetery

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) NOV 18 1947 (b) J. J. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18th
year 1947 hour 6:15 minute A M.

21. I hereby certify that I attended the deceased from 11/18/47
..... 19....., to Nov. 18th 19 47
that I last saw or alive on Nov. 18th 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Cervix - far advanced

Due to.....

Due to.....

Other conditions HO
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) HO

(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..... (Specify type of place) Means of injury HO

23. Signature Earle P. Semon Date signed 11/18/47
Address 1515 Lafayette

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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..... *R W Cooper*

Licensed Embalmer No..... *3880*

P. O. Address..... *230 1/2 Lafayette*

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.