

National Office of Vital Statistics

FILED JAN 22 1948
Registration District No. **318**

Primary Registration District No. **1003**

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

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..... **44 days**
(Specify whether
In this community..... **26 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**
(c) City or town..... **St. Louis** **17**
(If outside city or town limits, write "RURAL.")
(d) Street No..... **4234 W Evans** **9**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Ella Johnson

3. (b) If veteran, name war..... **None**
3. (c) Social Security No. **490-26-9809**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Jan.** day..... **2**
year..... **1948** hour..... **6** minute..... **50 p.** M.

4. Sex..... **Female** 5. Color or race..... **Colored**
6. (a) Single, widowed, married, divorced..... **Widow**
6. (b) Name of husband or wife..... **Deceased**
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... **May 10 1889**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... **Nov. 20 1947** to..... **Jan. 2 1948**
that I last saw her..... alive on..... **Jan. 2 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Carcinoma of right Breast with Metastasis**
Duration..... **Undet.**

8. AGE: Years..... **58** Months..... **7** Days..... **23**
If less than one day..... hr..... min.....

Due to.....
Due to..... **50**
Other conditions..... **None**
(Include pregnancy within 3 months of death)

9. Birthplace..... **Brownsville, Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Laundress**

Major findings:
Of operations.....
Of autopsy..... **No**

11. Industry or business.....
12. Name..... **Tom Boyce**
13. Birthplace..... **Brownsville, Tenn.**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Lillie Estes**
15. Birthplace..... **Brownsville, Tenn.**
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause of which death should be charged statistically.

16. (a) Informant..... **Bennie Pruitt**
(b) Address..... **4234 W. Evans Ave.**
17. (a) **Burial** (b) Date thereof..... **1-7-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... **Washington Park Cem.**

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?..... (c) Means of injury..... **0**

18. (a) Signature of funeral director..... **J. Paul**
(b) Address..... **3847 Park Road**
19. (a) **JAN 6 1948** (b) **J. Paul**
(Date received local registrar) (Registrar's signature)

23. Signature..... **James M. Whitner** (M. D. or other)
Address..... **2601 N. Whittier** Date signed..... **1/5/48**

7-15-20

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.....

Charles King

....., Registered Apprentice No. *475*

working under my personal supervision.

Signed.....

C. J. Nash

Licensed Embalmer No. *2432*

P. O. Address *3847 Pope*

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.