S. No. 300
M—10-47
r. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 1 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

17715

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4718

WRITE PLAINLY—USE 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:
3330 a North Union 1
(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)

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. 3330 A North Union 9
(If rural, give location)

(e) Citizen of foreign country? 6 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Ella Kanner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Morris Kanner

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Nov. (Month) 19th (Day) 1893 (Year)

8. AGE: Years 54 Months 6 Days 0 If less than one day hr. min.

9. Birthplace Chicago, Illinois (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Loretta Kanner

(b) Address 3330a North Union

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/48 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Funeral Dir.

(b) Address 2849 North Euclid Ave.

19. (a) MAY 21 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th.
year 1948 hour 9.30 minute P.M.

21. I hereby certify that I attended the deceased from March 20, 1948, to May 19, 1948
that I last saw her alive on May 19, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Glomerulo and Nephritis

Due to

Due to —

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to 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 R. H. Jost (M. D. or other) MD

Address 2807 N. Grand Date signed 5/21/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. A. H. Jost

2807 North Grand

NE. 5737

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 Robert L. Buckman

Licensed Embalmer No. 3353

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.