. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 18161

Registrar's No. 5120

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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 006
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1146a N. Compton ave (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 21 0
If yes, name country

3. (a) PRINT FULL NAME Ella Wilson
3. (b) If veteran, name war
3. (c) Social Security No. —
4. Sex Female 3
5. Color or race Co
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Alexander
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased July (Month) 30th (Day) 1908 (Year)
8. AGE: Years 39 Months 10 Days 1 If less than one day hr. min.
9. Birthplace Montevallo (City, town, or county) Ala (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
12. Name John Brazier (FATHER)
13. Birthplace unk (City, town, or county) Ala (State or foreign country)
14. Maiden name Ella L. Tanksley (MOTHER)
15. Birthplace unk (City, town, or county) Ala (State or foreign country)
16. (a) Informant James Wilson
(b) Address 1146a N. Compton ave
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director J. H. Randle & Son
(b) Address 3133 Bell ave
19. (a) JUN 3 1948 (Date received local registrar) (b) J. F. Bracleck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1948 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from , 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Emergency (Directing) Gonda	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 (Means of injury)
23. Signature Alfred Wiley M.D. or other
Address Clayton Mo. Date signed 6/2/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 S. J. Watson

Licensed Embalmer No. 269 A

P. O. Address 2769 Houteau

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.