

FILED JUL 15 1948

318

1003

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
De Paul Hospital 0
(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

3. (e) PRINT FULL NAME

Ann Ellison

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edward

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased October 15 1881

(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 22

If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name John O'Neill

13. Birthplace St. Louis Missouri

(City, town, or county) (State or foreign country)

14. Maiden name Ann Fallon

15. Birthplace St. Louis Missouri

(City, town, or county) (State or foreign country)

16. (a) Informant Edward Ellison

(b) Address 5712 Cote Brilliante Ave.

17. (a) Burial (b) Date thereof 7-10-48

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm. L. Stewart

(b) Address 1225 Union Blvd.

19. (a) JUL 9 1948 J. F. Braddock

(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 6 5712 Cote Brilliante Ave. 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1948 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from June 18
1948, to July 7 1948

that I last saw her alive on July 6 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Hypertension congestive heart failure

Duration

6 days

Due to arteriosclerosis

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature John F. Shaner (M. D. 0)
Address 3720 Washington Date signed July 8

JUL 9 1948

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 *J. W. Wilkinson*

Licensed Embalmer No. *3575*

P. O. Address *St. Louis*

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.