

318

Registration District No.

Primary Registration District No.

100's

Registrar's No. 16827

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:
City Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
years, months or days)

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

3: (a) PRINT FULL NAME ELLA WILBERT

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Female 3

5. Color or race Colored

6. (a) Single, widowed, married, divorced Widowed 2

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

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

7. Birth date of deceased August 21, 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>3</u>	<u>20</u>	hr. min.

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

10. Usual occupation Unemployed

11. Industry or business.....

MOTHER FATHER

12. Name Joe Harris

13. Birthplace Green County, Ala.
(City, town, or county) (State or foreign country)

14. Maiden name Rosie Wetlog

15. Birthplace Green County, Ala.
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Wilbert

(b) Address 3057a Thomas Street

17. (a) Burial (b) Date thereof 12-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director E. B. Rooney

(b) Address 1221 North Grand Bldg.

19. (a) DEC 15 1948 (b) J. B. Lanster
(Date received local registrar) (Registrar's signature)

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. 5800 Arsenal Street
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
year 1948 hour 12.10 minute A M.

21. I hereby certify that I attended the deceased from Jan. 1st. 1947 to Dec. 11, 1948
that I last saw her alive on Dec. 11, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Due to General Paresis 1942x.

Due to.....

Other conditions (include pregnancy within 3 months of death).....

Major findings:
Of operations.....

Of autopsy Yes.

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 Jack R. DeFuria (M. D. or other)
Address 5400 Arsenal St. Date signed 12/11/48

WRITE PLAINLY—USE 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.....

Richard J. Yandee

Licensed Embalmer No. *4243*.....

P. O. Address *14 Maymie*.....

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.