

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11009**

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

BIRTH NO. _____		REG. DIST. NO. <u>37</u>		PRIMARY REG. DIST. NO. <u>6-76</u>		Registrar's No. <u>5049</u>							
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>000</u>									
b. CITY (If outside corporate limits, write RURAL and give township) <u>Koch (rural)</u>		c. LENGTH OF STAY (in this place) <u>1526 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4240 W. Easton</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u>			b. (Middle) <u>-</u>		c. (Last) <u>Ezell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-25-49</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>7-27-29</u>		9. AGE (In years last birthday) <u>19</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Darma, Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Osker Ezell</u>				13b. MOTHER'S MAIDEN NAME <u>Esther Wilson</u>				14. NAME OF HUSBAND OR WIFE <u>---</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital Records, Robert Koch Hosp.</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs(?)</u>			
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>											
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause-(a) stating the underlying cause last. DUE TO (b) <u>002x</u>											
		DUE TO (c) <u>138</u>											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?									
22. I hereby certify that I attended the deceased from <u>12-22-44</u> to <u>2-25-</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-25-49</u> , 19 <u>49</u> , and that death occurred at <u>6:35P.</u> m., from the causes and on the date stated above.													
23a. SIGNATURE <u>Harold G. Russell, M.D.</u> (Degree or title)				23b. ADDRESS <u>Robert Koch Hospital</u>				23c. DATE SIGNED <u>2-26-49</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-2-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Tupelo Miss</u>		24d. LOCATION (City, town, or county) (State) <u>Tupelo Miss</u>							
DATE REC'D BY LOCAL REG. <u>FEB 28 1949</u>		REGISTRAR'S SIGNATURE <u>Thurmond L. Linger</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>A. R. Beal</u> ADDRESS <u>2726 Lucas</u>							

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Theodore J Vandee

Licensed Embalmer No. *4243*

P. O. Address *14 Haymes*
Gettysburg, Pa

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.