

FILED MAY 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17143**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4225**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where Deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 8 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 8408⁹ Vulcan Avenue		
d. FULL NAME OF HOSPITAL OR INSTITUTION 8408⁹ Vulcan Ave			d. STREET ADDRESS (If rural, give location) 8408⁹ Vulcan Avenue				
3. NAME OF DECEASED (Type or Print) JULIA		a. (First)	b. (Middle) P.	c. (Last) CAREY	4. DATE OF DEATH (Month) (Day) (Year) May 11 - 1949		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH MARCH 5 - 1896	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 2 Days 6	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE-WIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE ABONZO CAREY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ABONZO CAREY 8408⁹ Vulcan Ave			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage from stomach ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gastric Cancer DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 months 1 year:	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) ST. LOUIS		21f. HOW DID INJURY OCCUR? 151X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from May 10, 1949 , to May 11, 1949 , that I last saw the deceased alive on May 10, 1949 , and that death occurred at 5:30 m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Leroy E. Ellison M.D.		23b. ADDRESS 3610 So Broadway St. Louis		23c. DATE SIGNED 5-11-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 5-12-49	24c. NAME OF CEMETERY OR CREMATORY DIEDMONT, MO.		24d. LOCATION (City, town, or county) (State) St. Louis, MO.		
DATE REC'D BY LOCAL REG. MAY 11 1949		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter McLaughlin 2810 Depue			

(Licensed Embalmer's Statement on Reverse Side)

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

Mr Henry Ellison
3610 S. Blwy.
PR 4683

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.....

J R Cooper

Licensed Embalmer No. 3633

P. O. Address 2301 Lafayette

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.