

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042190
STATE FILE NUMBER
11054

FILED DEC 5 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before institution) a. STATE MISSOURI b. COUNTY ST LOUIS, MO	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FERGUSON HILLS 4000 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DEPAUL HOSPITAL		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 957 FROST Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last ELLA MAE SAUNDERS		4. DATE OF DEATH Month Day Year NOV, 14, 1958	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB 15, 1884
9. AGE (In years) 17 1/2 (birth day)		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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ST LOUIS MISSOURI c
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME UNKNOWN	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address CLAUDE SAUNDERS 957 FROST
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Arterio Sclerosis</i> DUE TO (c) <i>422.1</i>			INTERVAL BETWEEN ONSET AND DEATH <i>4 Hrs.</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>✓</i>	
20c. TIME OF INJURY Hour a.m. p.m. <i>✓</i>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>✓</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>1934</i> to <i>11/14/58</i> and last saw her alive on <i>11/14-58</i> Death occurred at <i>8:35 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James J. Spilly M.D.</i>		22b. ADDRESS <i>1307 Delmar</i>	22c. DATE SIGNED <i>11-14-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>11/18, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lake Charles cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>st louis county mo.</i>
24. FUNERAL DIRECTOR STROOT - CARROLL 4600 NATURAL BRIDGE		25. DATE RECD. BY LOCAL REG. <i>NOV 17 58</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr. J. Family man
730 St. Louis
2 for 5

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
Signature of Student Embalmer

Signed *M W Rueter*

Licensed Embalmer No. *4865*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.