

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAY 8 1940 210

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

16150

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784

(b) Township Wellston Primary Registration District No. 200 Registered No. 790

(c) City Wellston (d) Street No. 6343 Suburban St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bettie Ezell

(a) Residence, No. 6343 Suburban St.  (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Ezell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... mln.
	<u>75</u>	<u>3</u>	<u>7</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_

9. Industry or business in which work was done, as saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

FATHER

13. NAME Thomas Windham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

MOTHER

15. MAIDEN NAME Adeline Adair

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT (ADDRESS) Mrs. Elsie Jones  
6343 Suburban Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE April 23, 1940

19. FUNERAL DIRECTOR (ADDRESS) Shepard Funeral Home  
1167 Hamilton Avenue

20. FILED APR 22 1940 DR. M. J. Jones Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to April 21, 1940

I last saw her alive on 4-21-40, 1940 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

<u>Chronic Endocarditis</u>	Date of onset
<u>Chronic Myocarditis</u>	<u>D.K.</u>
<u>Arteriosclerosis</u>	<u>D.K.</u>
<u>Chronic Nephritis</u>	<u>D.K.</u>
Other contributory causes of importance: <u>lobar pneumonia (terminal)</u>	<u>3 days</u>
<u>Uremia, Coma</u>	<u>5 days</u>

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? lab Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_

(Signed) John A. Rogers M. D.  
 (Address) 6693 Delmar  
St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

7-11-2-4

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed *J. G. Sullivan*

Licensed Embalmer No. *1122*

**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.)**