

791  
Registration District No.

1003  
Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County: St. Louis 3  
(b) City or town: St. Louis  
(c) Name of hospital or institution: Carondelet Hospital  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO. (b) County: \_\_\_\_\_  
(c) City or town: St. Louis 6  
(d) Street No.: 1701 N. Mission  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3. (a) PRINT FULL NAME

Ella Myles 42

3. (b) If veteran, name war

NO

3. (c) Social Security No.

\_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day MON  
year 1940 hour 1 minute 50 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to ruptured aortic

Due to aneurysm

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations 96

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years 42 Months 7 Days 9 hr. \_\_\_\_\_ min.

9. Birthplace: St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: at home

11. Industry or business

12. Name: Thos. White

13. Birthplace: St. Louis, Mo. (City, town, or county) (State or foreign country)

14. Maiden name: Thos. White

15. Birthplace: St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Lawrence White

(b) Address: 1701 N. Mission

17. (a) Burial (b) Date thereof: May 14, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Peter's Church

18. (a) Signature of funeral director: Wm. J. Spurr

(b) Address: 1225 Mission

19. (a) MAY 13 1940 (b) \_\_\_\_\_  
(Date received from registrar)

**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 *Alfred G. Hoffa*

Licensed Embalmer No. *2971*

P. O. Address.....

**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, above space should be left blank.**