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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 18 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15589

State File No.

Registration District No. 78A Primary Registration District No. 104 Registrar's No. 1059

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 619 Tiffin Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Ferguson 0
(If outside city or town limits, write "RURAL")
(d) Street No. 619 Tiffin Ave. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELLEN MAY STAPLES.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Burpee Staples.
6. (c) Age of husband or wife if alive Dec'd. years
7. Birth date of deceased April 13, 1884. (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	58	0	29	hr. min.

9. Birthplace Bridgeton, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Nurse
11. Industry or business
FATHER
12. Name John Brown Pollard.
13. Birthplace Ludlow, (City, town, or county) Vermont (State or foreign country)
MOTHER
14. Maiden name Nancy E. Titus.
15. Birthplace Dont know. (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Elmer Staples.
(b) Address 619 Tiffin Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-1942. (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetery.
18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.
19. (a) MAY 14 1942 (Date received local registrar) (b) E. G. McGovern MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th year 1942 hour 15 minute 30 P.M.
21. I hereby certify that I attended the deceased from March 17, 1942 to May 12, 1942 that I last saw her alive on May 12th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma Uterus	4 mo
Due to	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Roy Johnson (M. D. or other)
Address Ferguson Mo Date signed 5-13-42

(Licensed Embalmer's Statement on Reverse Side)

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 3454 David E. Gibson, Registered Apprentice No.....,
working under my personal supervision.

Signed David E. Gibson

Licensed Embalmer No. 3454

P. O. Address 596 Easton St.

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.