

FILED DEC 7 1942
 Registration District No. 318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Homer Phillips Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 days (Specify whether
 In this community 14 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 587 1/2 Plymouth
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME

Ella Mae Dillahunt

3. (b) If veteran,
 name war.....

3. (c) Social Security
 No.....

4. Sex Female Color or race Cal
 5. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife General Dillahunt
 6. (c) Age of husband or wife if alive 51 years
 7. Birth date of deceased June 30 1898
 (Month) (Day) (Year)

8. AGE: Years 44 Months 11 Days 21
 If less than one day
 ..hr.min.

9. Birthplace Covering Tenn 1
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Munson Bumpas

13. Birthplace Coverington Tenn 1
 (City, town, or county) (State or foreign country)

14. Maiden name Pleasant not known

15. Birthplace Coverington Tenn 1
 (City, town, or county) (State or foreign country)

16. (a) Informant General Dillahunt

(b) Address 587 1/2 Plymouth Ave

17. (a) Burial (b) Date thereof 11-25-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director G.P. Richard

(b) Address 2625 Glasgow

19. (a) NOV 24 1942 (b) J. F. Brudick
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21,
 year 1942 hour 4 minute 08 A. M.

21. I hereby certify that I attended the deceased from November 13,
1942 to November 21,
1942
 that I last saw her alive on November 21,
1942
 and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertensive Heart Disease
Chr. Nephritis

Duration
1 yr.
1 yr.

Due to.....
 Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy.....

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?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature A. E. Smith (M. D. or other)
 Address 2601 Whittier Date signed 1/23/43

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

MOTHER FATHER

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 AD Richardson

Licensed Embalmer No. 2928

P. O. Address 2625 Alaska

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.