

FILED JAN 19 1943
Registration District No. 218

Primary Registration District No. 100

1. PLACE OF DEATH:

(a) County ~~St. Louis~~
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2729 1/2 Mill St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community Life (Specify whether
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. 2720 1/2 Mill St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ella Walker

3. (b) If veteran, name war..... 3. (c) Social Security No. 400-03-9480

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased July 17, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 5 15 hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business.....

12. Name Henry Perkins

13. Birthplace New Madrid Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Armstead

15. Birthplace Jefferson Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Irene Hopkins

(b) Address 2729 1/2 Mill St.

17. (a) Burial (b) Date thereof 1-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Dement & Son

(b) Address 2631 Col. St.

19. (a) JAN 8 1943 (b) J. J. Brock
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Jan. day 1, 1943
year..... hour 5 minute 10 a.m.

21. I hereby certify that I attended the deceased from October 29, 1942 to January 1, 1943; that I last saw her alive on January 1, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration Unk.

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

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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. Signatur R. C. Haskeel (M. D. or other)
Address St. Louis Date signed 1/12/43

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

MOTHER FATHER

B

44-111-1017

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..... *William Claude Gordon*.....

Licensed Embalmer No..... *3489*.....

P. O. Address..... *4221^{1/2} Cote-Bullig*.....

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.