

FILED AUG 21 1944

Registration District No. **818** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (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:
3607 Page Blvd.
 (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

3. (a) PRINT FULL NAME Ella Canada.

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, Widow.

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

7. Birth date of deceased Apr. 28, 1859.
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>3</u>	<u>15</u>	hr. _____ min.

9. Birthplace Peoria Ill. 1
 (City, town, or county) (State or foreign country)

10. Usual occupation Housework.

11. Industry or business _____

12. Name Unknown. 9

13. Birthplace Unknown. 9
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown. 9

15. Birthplace Unknown. 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Lottie Schner.
 (b) Address 3607 Page Blvd.

17. (a) Burial. (b) Date thereof Aug. 16, 1944.
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valley View Cemetery.

18. (a) Signature of funeral director J. F. Bredeck
 (b) Address 388 Union Blvd.

19. (a) AUG 16 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 19

(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 9

(d) Street No. 3607 Page Blvd. (If rural, give location) 11

(e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13
 year 1944 hour 6:30 minute _____ a. M.

21. I hereby certify that I attended the deceased from Jan 1941 to 8/13 1944
 that I last saw him alive on 8/12 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 4 yrs
 Due to _____
 Due to _____
 Other conditions Hemiplegia right 3 yrs
 (Include pregnancy within 3 months of death)

Duration
 4 yrs
 3 yrs
PHYSICIAN

 Underline the cause to which death should be charged statistically.

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? _____

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

23. Signature Joe P. Benning (M. D. or other) _____
 Address 1225 No. Grand Date signed 8/15/44

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.....

John Ketter

Licensed Embalmer No. *3880*

P. O. Address *St Louis Mo*

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.