

FILED JAN 7 1947

Registration District No. **318**

Primary Registration District No. **100**

Registrar's No. **10993**

1. PLACE OF DEATH:

(a) County **St Louis**
 (b) City or town **St Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **2626 Papan**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **30 yrs** (Specify whether years, months or days)
 In this community **30 yrs**

3. (a) PRINT FULL NAME **ELLA THOMAS**

3. (b) If veteran, name war **2** 3. (c) Social Security No. _____

4. Sex **FEMALE** 5. Color or race **Col** 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 **9 - 28 - 1890**
 (Month) (Day) (Year)

8. AGE: Years **56** Months **2** Days **21** If less than one day hr., min.

9. Birthplace **MISS**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

MOTHER FATHER

11. Industry or business _____
 12. Name **John Lyson**
 13. Birthplace **MISS**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Ella Peter**
 15. Birthplace **MISS**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Jessie Hamilton**
 (b) Address **2626 Papan**

17. (a) **Burial** (b) Date thereof **12-23-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **St Watson**

(b) Address **2769 Chadler**

19. (a) **DEC 22 1946** (b) **J. F. Bredek**
 (Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **St Louis**
 (c) City or town **St Louis** **2217**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2626 Papan** **9**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **19**
 year **1946** hour **9** minute **00** P. M.

21. I hereby certify that I attended the deceased from **10/15 - 45**
1946, to **12/19**, 19**46**
 that I last saw her alive on **12/18**, 19**46**
 and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial acute** **3 wks**
 Due to **Chronic Nephritis** **6 mo**
 Deceased had Nephritis
 Due to **longer than six months.**

Other conditions (Include pregnancy within 3 months of death) **f**

Major findings: Of operations **1/21**
 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:

(c) 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 **9**

23. Signature **L. P. Wentzel** (M. D. or other) **M.D.**
 Address **2726 Chambliss** Date signed **12/24/46**

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

SEP 10 1952

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 *S. J. Watson*
Licensed Embalmer No. *2698*
P. O. Address *2769 Chouteau*

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.