

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 24 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12362**

Registration District No. **178**

Primary Registration District No. **3002**

Registrar's No. **64**

1. PLACE OF DEATH:
(a) County Andrairie
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Andrairie County Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether
In this community 11 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County osc.
(c) City or town St Louis Mo 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5351 Nabush Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. no years.

3. (a) PRINT FULL NAME Gerald Alexander Ezell
3. (b) If veteran, ✓ name war ✓
3. (c) Social Security No. 497-09-2947

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 16
47 year 1947 hour 7 minute 30 A.M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Ellen Ezell
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased: 1-37-1895-
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 11, 1947, to April 16, 1947, that I last saw him alive on April 15, 1947, and that death occurred on the date and hour stated above.
Immediate cause of death Coronary failure Duration _____

8. AGE: Years 52 Months 2 Days 19
If less than one day hr. _____ min. _____

Due to Coronary heart disease 10 yrs
Due to _____

9. Birthplace Howell Ind 1
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation Retired Waitress
11. Industry or business _____
MOTHER FATHER
12. Name Ben F. Ezell
13. Birthplace Ky 1
(City, town, or county) (State or foreign country)
14. Maiden name Dyrd m unknown
15. Birthplace Ill 1
(City, town, or county) (State or foreign country)

Major findings: Of operations g4P
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Mrs Mary Ezell
(b) Address 5351 Nabush Ave St Louis
17. (a) Removal (b) Date thereof 4-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Louis mo
18. (a) Signature of funeral director Arthur J. Connelly
(b) Address 3846 Lindell Ave St Louis mo
19. (a) 4/16/47 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

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 M. Kallert (M. D. or other) _____
Address 1196 Jackson Mexico Date signed 4/16/47

APR 22 1947

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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 W Vanmatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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, above space should be left blank.