No. 2
1/47
17-39

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

#87420
FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24726
Registrar's No. 6196

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(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: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 1117 Benton St 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) Memorial 26
If yes, name country

3. (a) PRINT FULL NAME Ellen Skidmore
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Skidmore
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased October (Month) 23 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
83	8	18	hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Unemployed
11. Industry or business
FATHER
12. Name Henry H. Jones
13. Birthplace Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Taylor
15. Birthplace Tenn (City, town, or county) (State or foreign country)
16. (a) Informant William Skidmore
(b) Address 1117 Benton St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery
18. (a) Signature of funeral director Colvin F. Fentz
(b) Address 4828 Natural Bridge
19. (a) JUL 13 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 11 ~~3rd~~ 7th year 1948 hour 5 minute 05 A M.
21. I hereby certify that I attended the deceased from 7/4/48, 19, to July 3rd, 1948; that I last saw her alive on July 3rd, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Due to Arteriosclerotic Heart Disease Decompensated
Due to
Other conditions (Include pregnancy within 3 months of death) 9 W
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Chas. L. Bryan (M.D. or other)
Address 1515 Lafayette Date signed 7/12/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Ralph E. Linders

Licensed Embalmer No. 4225

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.