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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 12 1948

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
STANDARD CERTIFICATE OF DEATH
1003

State File No. 34517
9530
Registrar's No.

Registration District No. Primary Registration District No.

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:
Homer G Phillips Hospital 1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether
In this community _____
years, months or days)

3: (a) PRINT FULL NAME Elizabeth Newell
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 3 5. Color or race Col,
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 13th, 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 3 17 hr. min.

9. Birthplace Stewart Co, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Maid

11. Industry or business Public Library

12. Name George Johnson 9

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

14. Maiden name Millie Burton

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

16. (a) Informant Willie B. Hogan

(b) Address Ind, Indiana

17. (a) Burial (b) Date thereof: 11-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem,

18. (a) Signature of funeral director Ellis Funeral Home.

(b) Address 2820 Stoddard St

19. (a) NOV 3 1948 (b) J. B. Foster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St, Louis
(If outside city or town limits, write "RURAL") 0
(d) Street No. 2918 Dawson
21 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30
year 1948 hour 4 minute 30 p m.

21. I hereby certify that I attended the deceased from Oct. 21, 1948 to Oct. 30, 1948
that I last saw her alive on Oct. 30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Probable Carcinoma of Colon with Metastases
Duration Undet.
Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy No
PHYSICIAN _____
Underline the cause to 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?

While at work? _____ (Specify type of place)
Means of injury _____
23. Signature Oliver R Daniels (M. D. or other) _____
Address 2601 N. Whitney Date signed 11/4/48

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

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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address 1000 137

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.