

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17781

MAY 27 1949

State File No. ....

318

1003

4606

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri,</b> b. COUNTY <b>000</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, 3</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, 17 9 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pronounced dead at St. Louis City Hospital.</b>		d. STREET ADDRESS (If rural, give location) <b>4338 Oregon Ave.,</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ella</b>	b. (Middle) <b>Ward.</b>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>May 23, 1949</b>
--	-----------------------------	-----------	--

5. SEX <b>Female, /</b>	6. COLOR OR RACE <b>White,</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced, 3</b>	8. DATE OF BIRTH <b>July 20, 1879</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
----------------------------	-----------------------------------	--	--	--	---------------------------	-------------------------	---------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home,</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Versailles, Illinois, /</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	-----------------------------------	---	---

13a. FATHER'S NAME <b>James Tapp,</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown,</b>	14. NAME OF HUSBAND OR WIFE
--	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Ruby Lynch,</b>	ADDRESS <b>4338 Oregon Ave.,</b>
---	-------------------------	---	-------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis Chronic;</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary artery heart disease</b> DUE TO (c) <b>Hypertension C.V.R. syndrome</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>131st</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>H.H.P. X</b>

22. I hereby certify that I attended the deceased from **Jan 17, 1949**, to **May 23, 1949**, that I last saw the deceased alive on **May 17, 1949**, and that death occurred at **2:15A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Edmund M. S. O.</b>	23b. ADDRESS <b>2800th Chiller</b>	23c. DATE SIGNED <b>5/23/49</b>
--	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial,</b>	24b. DATE <b>May 25, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cemetery,</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri,</b>
---	----------------------------------	---	--

DATE REC'D BY LOCAL REG. <b>MAY 25 1949</b>	REGISTRAR'S SIGNATURE <b>L. B. Senator</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Gebken-Benz Mortuary,</b>	ADDRESS <b>2842 Meramec St.,</b>
--	---	--	-------------------------------------

WRITE PLAINLY—USING 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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed

*Loren C. Percy*

Signed.....

Student Embalmer

Licensed Embalmer No. 4094

P. O. Address

2842 Meramec St.,

St. Louis, 18, 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.