

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24511

6883

81E

Registrar's No. _____

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|--|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 0001 | | 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 MISSOURI b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | | c. LENGTH OF STAY (in this place) 12 yrs | | c. CITY OR TOWN ST. LOUIS | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5845 NINA PLACE | | | | e. STREET ADDRESS (If rural, give location) 5845 NINA PLACE | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) BELLE b. (Middle) WOOD c. (Last) EZELL. | | | 4. DATE OF DEATH (Month) (Day) (Year) July 24, 1954 | | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Oct. 19, 1871 | |
| 9. AGE (In years last birthday) 82 | | 10. MONTHS 9 | | 11. HOURS 205 | | 12. IF UNDER 1 YEAR Days _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife | | 10b. KIND OF BUSINESS OR INDUSTRY at home | | 11. BIRTHPLACE (City and State or Foreign Country) Mobile, Alabama | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Joseph Wood. | | | 13b. MOTHER'S MAIDEN NAME Martha Smith. | | | 14. NAME OF HUSBAND OR WIFE John M. Ezell. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS John M. Ezell 111. Brentwood, Missouri | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, chronic; cardiac decompensation INTERVAL BETWEEN ONSET AND DEATH Sev yrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | |
| 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 checked="" 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) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 4222 | | | |
| 22. I hereby certify that I attended the deceased from 7/14/54 , 19____, to 7/24/54 , 19____, that I last saw the deceased alive on 7/23/54 , 19____, and that death occurred at 3 a. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) P. D. Stahl M.D. | | | | 23b. ADDRESS 462 N. Taylor Ave | | 23c. DATE SIGNED 7/24/54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 24b. DATE 7/26/1954 | | 24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri | |
| DATE REC'D BY LOCAL _____ | | REGISTRAR'S SIGNATURE J. Earl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd | | | |

(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clarence H. Mur*.....

Licensed Embalmer No.

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.