

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

15283

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

File No. ....

Township.....

Primary Registration District No. **1003**

Registered No. **3592**

City **St. Louis** (No. **City 10 Capital**)

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **1729 Elizabeth Street** No. **1302 Maryland** St. **19** Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **3** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Female  
**4. COLOR OR RACE** White  
**5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Separated

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Aug 26 - 1888

**7. AGE**  
YEARS: 38 MONTHS: 7 DAYS: 17  
IF LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work: **Waitress**  
(b) General nature of industry, business, or establishment in which employed (or employer):  
(c) Name of employer:

**9. BIRTHPLACE (CITY OR TOWN)** **Missouri**  
(STATE OR COUNTRY)

**10. NAME OF FATHER** Joe Ellis

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** **Mo.**  
(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** **Mo.**  
(STATE OR COUNTRY)

**14. INFORMANT** **Edman**  
(Address) **City Capital**

**15. FILED** **1927** **Mar 6 Starceff**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **3** **April 13 1927**

**17. I HEREBY CERTIFY** That I attended deceased from **March 30 1927** to **April 13 1927** that I last saw h. **9** alive on **April 13 1927** and that death occurred, on the date stated above, at **11:30 p.m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Diabetes Mellitus**  
**Lobar Pneumonia**  
**Thrombotic Cerebral**  
**Right Leg Paralysis**

**CONTRIBUTORY (SECONDARY)** **57**  
(duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**  
IF NOT AT PLACE OF DEATH:

**19. DID AN OPERATION PRECEDE DEATH** DATE OF

**20. WAS THERE AN AUTOPSY?**

**WHAT TEST CONFIRMED DIAGNOSIS:**

(Signed) **Thos C. W. Sionker, M. D.**  
**4/18 1927** (Address) **City Capital**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** **DATE OF BURIAL**  
**North Lawn Cemetery** **April 16 1927**

**20. UNDERTAKER** **Henry Reiker** **Flat River**

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.

FADING INK—THIS IS A PERMANENT RECORD

Yours,