

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

Do not use this space.

22301

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **8003**

City **St. Louis**

(No. City Hosp.)

File No.

Registered No. **6485**

St. Ward)

2. FULL NAME Louise Ellis

(a) Residence. No. **1025 Dillon** St., **22** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da.

How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female

White

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec. 25 1924.**

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

3

5

23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Annapolis**

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Clarence Ellis

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER **Georgia Stockwell**

(STATE OR COUNTRY)

Ill.

14.

INFORMANT **Clarence Ellis**

(Address) **1025 Dillon St**

15.

FILED **19 1928**

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REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 18 1928**

17.

I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at..... **445 P.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock + Burns (1st + 2nd degree) due to falling in tub of hot water

CONTRIBUTORY (SECONDARY) **Accident**

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **J. W. Kerner** M.D.

6/19 1928 (Address) **Dep. Coroner**

*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

St. Matthews Cemetery

6/20 1928

20. UNDERTAKER

ADDRESS

A. W. McLaughlin 1631 Mo. Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

