

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Central
City Pine Lawn (No. 6916 Natural Bridge Road)

Registration District No. 789
Primary Registration District No. 6033 B

File No. 2543
Registered No. 6 Ward

2. FULL NAME Clara Ellis

(a) Residence. No. 6916 Natural Bridge Road 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------------|----------------------------------|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u> |
|-------------------------|----------------------------------|--|

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 31 1885

| | | | | |
|--------|-----------|----------|----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day,hrs. ormin. |
| | <u>44</u> | <u>4</u> | <u>5</u> | |

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Wm Steinfeld

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

12. MAIDEN NAME OF MOTHER Sophie Olsen

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

14. INFORMANT Chas F Ellis
(Address) 6916 Natural Bridge

15. FILED 1/7 1930 Walla Greer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5 1930 19

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 1:20 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Parinaud of the uterus
418

CONTRIBUTORY (SECONDARY) Inquest
(duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF 1
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Report by - Metastasis
(Signed) John C. Powell, M. D.
1/6 1930 (Address) Corner of Spain City

*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 St. Peter Cemetery DATE OF BURIAL 1/8 1930

20. UNDERTAKER Thos H. Reiderweiden ADDRESS 1936 St. Louis

PARENTS

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