

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

Do not use this space.

3266

2025

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis, Mo. (No. 5036 Shreve Ave.)

File No.
Registered No. 762
St. Ward)

2. FULL NAME

Albert H. Ellis

(a) Residence. No. 5036 Shreve Ave. St., 7 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 4, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
66 5 19

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Mulberry Grove, Ill.
(STATE OR COUNTRY)

10. NAME OF FATHER Monroe Ellis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mulberry Grove, Ill.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Jane Saurey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mulberry Grove, Ill.
(STATE OR COUNTRY)

14. INFORMANT A. C. Ellis
(Address) St. Louis, Mo.

15. FILED 19 Mar 21 1930 REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23rd 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 11th 1930, to Jan 22nd 1930.
that I last saw him alive on Jan 22nd, 1930, and that death occurred, on the date stated above, at 6:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy (Cerebral Haemorrhage)

87A
97
(duration) yrs. mos. 17 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 74 A 1
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF 8
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Chas. H. Neill, M. D.

, 19 (Address) 4546 Labadie Ave

*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

Mulberry Grove, Ill. 1-25-1930

20. UNDERTAKER ADDRESS

Russella J. ... Mulberry
St. Louis, Mo.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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