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

Do not use this space.

24429

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis MO (No. Home 5880a Maffit St. ..... Ward)

File No. .....

Registered No. 6570

2. FULL NAME Samuel Ellis

(a) Residence. No. 5880a Maffit St., ~~[illegible]~~ Ward. 6
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE~~ OF Mrs Jennie Ellis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July-16-1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
48		11	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Merchant Fruit
(b) General nature of industry, business, or establishment in which employed (or employer) His Own
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

PARENTS

10. NAME OF FATHER Jake Ellis

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Jack Ellis
(Address) 5892a Maffit

15. FILED JUL -8 1930, 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8 1930

17. I HEREBY CERTIFY, That I attended deceased from June 1928, to July 9 1930 that I last saw him alive on July 7 1930 and that death occurred, on the date stated above, at 2 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy Cerebral Hemorrhage
8 D
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Apoplexy
(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) F. W. Seiber M. D.
7/8, 1930 (Address) 2037a Franklin

*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: Chevrie Kedusha — DATE OF BURIAL: July 9 1930

20. UNDERTAKER: Reinhardt E. L. — ADDRESS: 48 Meadow

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.