

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

Do not use this space.

**3751**

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis, Mo. (No. ....)

Registration District No. 791  
Primary Registration District No. 1003  
Marine Hosp

File No. ....  
Registered No. 993  
St. .... Ward)

**2. FULL NAME** William Alfred Ellis

(a) Residence. No. Crystal City, Mo. St. 24 Ward. Crystal City, Mo.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 26 ds. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-9-1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
43 5 16

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

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

10. NAME OF FATHER Bill Ellis

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

12. MAIDEN NAME OF MOTHER Lizzie Scott

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

14. INFORMANT (Address) Walter Stewart  
3640 Marine Ave., St. Louis, Mo.

15. FILED 26 1931 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 25, 1931 19

17. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1930 19 to Jan. 25, 1931 19 that I last saw him alive on Jan. 25, 1931 19, and that death occurred, on the date stated above, at 7:30 AM m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Laryngeal obstruction

22A  
105A (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Pulmonary Tuberculosis, bilat. (duration) 10 yrs. .... mos. .... ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS (Signed) W. Shelton M. D.

1-26-31 (Address) 3640 Marine Ave., St. Louis, Mo.

\*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 National Cemetery DATE OF BURIAL 1/26 1931

20. UNDERTAKER C. Koffmeister & L Co ADDRESS 2814 S. Belway

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.

