

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis,**

(No. **City Hospital # 1.**)

File No. **12705**

Registered No. **4024**

St. Ward)

2. FULL NAME

John C. Ellermann.

(a) Residence. No. **4056 Dunnica Avenue.** St. **16** 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 **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 **Antonette Ellermann**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct. 21, 1870.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
60 5 9.

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.....

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

10. NAME OF FATHER **Dont Know.**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know.**

12. MAIDEN NAME OF MOTHER **Dont Know.**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know.**

14. INFORMANT **Carroll Ellermann** (Address) **5200 Grace Avenue.**

15. FILED **May 10 1931** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 30 1931**

17. **No Physician Attended**
I HEREBY CERTIFY, That I attended deceased from, 19....., to....., 19.....

that I last saw him alive on....., 19....., and that death occurred on the date stated above, at....., Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock & Injuries
Internal
falling into Well while
working in Building
CONTRIBUTORY (SECONDARY) **196A St. John's Mo.**
1948 Accident

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? **yes**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **J. W. Kesner, M.D.**
4/11 1931 (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 **Mt. Olive Cemetery.** DATE OF BURIAL **Apr. 3, 1931.**

20. UNDERTAKER **K. V. Gebken L. & Co 2847 Meramec** ADDRESS

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.

