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.

DEC 26 1931

Wentker

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

Do not use this space.

38712

1. PLACE OF DEATH
County St Charles — Registration District No. 757 — File No.
Township — Primary Registration District No. 3036 — Registered No. 167
City St Charles (No. , St. Ward)

2. FULL NAME Charles Ellis
(a) Residence, No. 1033 Washington Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amelia Dorsey.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 27-1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
60	11	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

FATHER
13. NAME Oliver Ellis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Lou. Eisen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Geo. H. Ellis 1033 Washington St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE Nov 17, 1931

19. UNDERTAKER (ADDRESS) H. L. Allmeyer & Son 60 800 N. 2nd St. St Charles Mo

20. FILED 11/17, 1931 Hy. T. Blackburn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from October 31, 1931, to November 14, 1931
I last saw him alive on November 13, 1931. Death is said to have occurred on the date stated above, at 4:25 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset 10/31/31
82A
109
82A

Other contributory causes of importance:
Hypertension

Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) B. P. Wentker, M. D.
(Address) St. Charles, Mo.