

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

Do not use this space.

12444 ✓

48 1. PLACE OF DEATH Jackson Registration District No. 398  
St. Louis Primary Registration District No. 535H  
Brookside (City or town)  
 2. FULL NAME George W. Ellis St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (a) Residence, No. 70 Brookside E (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.

File No. \_\_\_\_\_  
 Registered No. 196  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

MAY 25 1932

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18 - 1855  
 7. AGE YEARS 76 MONTHS 6 DAYS 30 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
 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) Campbellville Mo  
 FATHER 13. NAME Wm. McKim  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 31  
 MOTHER 15. MAIDEN NAME \_\_\_\_\_  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
 17. INFORMANT Harriett P. Baber  
 (ADDRESS) 306 North Liberty  
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE Apr 10 1932  
 19. UNDERTAKER George F. Fisher  
 (ADDRESS) 1245 1/2  
 20. FILED April 9 1932 J. C. Cook Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 8 1932  
 22. I HEREBY CERTIFY That I attended deceased from 4/7, 1932, to 4/8, 1932  
 I last saw her alive on 4/7, 1932. Death is said to have occurred on the date stated above, at 2:10 P m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Nephritis  
Myocarditis  
apoplexy  
13 30 1931  
 Other contributory causes of importance: Hypertension ①  
 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?  
 If so, specify \_\_\_\_\_  
 (Signed) Robert Kellmer M.D. M. D.  
 (Address) 10307 Lindbergh Ave 10000

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.

