

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

Do not use this space.

30937

**1. PLACE OF DEATH**

County St. Louis Registration District No. 791  
Township..... Primary Registration District No. 1003  
City..... (No. 1200) City of St. Louis

File No.....  
Registered No. 8656 St. .... Ward)

**2. FULL NAME**

Ellen M. French  
(a) Residence, No. 4349 Page Bl. St. B Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|                                                                                              |                               |                                                                           |
|----------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------|
| 3. SEX<br><u>F</u>                                                                           | 4. COLOR OR RACE<br><u>W.</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Geo. French - Husband</u> |                               |                                                                           |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 13, 1864</u>                                |                               |                                                                           |
| 7. AGE                                                                                       | YEARS<br><u>68</u>            | MONTHS<br><u>-</u>                                                        |
|                                                                                              | DAYS<br><u>-</u>              | If LESS than 1 day, ..... hrs. or ..... min.                              |

|            |                                                                                                                             |
|------------|-----------------------------------------------------------------------------------------------------------------------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Housework</u>             |
|            | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>235</u>                            |
|            | 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation..... |

12. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY) 2

FATHER 13. NAME John R. Miller

FATHER 14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary F. Frankman

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

17. INFORMANT M. Effinger (ADDRESS) 5800 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington U DATE 9-17 1932

19. UNDERTAKER Walter Richter (ADDRESS) 3500 Rutledge St

20. FILED SEP 27 1932 May C. Stanley Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-13-1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 1932 to Sept 12 1932  
I last saw h. .... alive on Sept 12 1932 Death is said to have occurred on the date stated above, at 4:10 P. m.  
The principal cause of death and related causes of importance were as follows:

Apoplexy  
Cerebral Hemorrhage  
930  
82A  
753  
730  
Other contributory causes of importance:  
Chronic Myocarditis  
Senility

Date of onset  
9-4

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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) Robert A. Ward, M. D.  
(Address) 5600 Arsenal

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.

