

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

Do not use this space.

36935

1. PLACE OF DEATH

96 County St. Louis Registration District No. 785
Township Bonhomme Primary Registration District No. 6031
City Kirkwood (No. S. Kirkwood Rd) St. _____ Ward _____

File No. _____
Registered No. 209

2. FULL NAME

(a) Residence, No. Old Oaks Home St. _____ Ward Kirkwood 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-30-1858</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>11</u>	DAYS <u>17</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		11. Total time (years) spent in this occupation
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>	
FATHER	13. NAME <u>Samuel Ellis</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>
MOTHER	15. MAIDEN NAME <u>Narricta Traunsaen</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>
17. INFORMANT <u>Mrs J. N. Wilson (Old Oaks Home)</u> (ADDRESS) <u>Kirkwood Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill Cemetery</u> DATE <u>11/13</u> , 19 <u>32</u>	
19. UNDERTAKER <u>Louis H Bopp</u> (ADDRESS) <u>Kirkwood Mo</u>	
20. FILED <u>11/12</u> , 19 <u>32</u> <u>L. E. Barnes MD</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:35 P.M.

The principal cause of death and related causes of importance were as follows:
Date of onset

Struck by automobile while crossing public highway at intersection of Kirkwood Rd. & 210th St. 11/13/32

Other contributory causes of importance: Fracture of skull (5)

Multiple fractures of long bones of extremities

Name of operation _____ Date of _____
What test confirmed diagnosis _____ as stated on autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/11/32

Where did injury occur? Kirkwood Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public place

Manner of injury Auto
Nature of injury Fractures skull

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____

(Signed) John C. Engel M. D.
(Address) Coroner of St. Louis County

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 5 1933

