

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.

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

Do not use this space.

42223-3929
 43

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. Em Route City Reg. #) Registered No. **43**
 (Ward)

2. FULL NAME

ELLI'S FOOTE
 (a) Residence, No. 2702 DELMAR St., 21 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 6 yrs. 11 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-8-1906</u>		
7. AGE YEARS <u>27</u>	MONTHS <u>4</u>	DAYS <u>15</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labour</u>		
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) <u>Athens Ala.</u>		
13. NAME <u>Paul Foote</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Athens Ala.</u>		
15. MAIDEN NAME <u>Anna D. Malone</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Athens Ala.</u>		
17. INFORMANT (ADDRESS) <u>Paul Foote</u> <u>St. Louis</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Wm C Mellowell</u> <u>1/2</u>		
19. UNDERTAKER (ADDRESS) <u>Wm C Mellowell</u> <u>Franklin Ave</u>		
20. FILED: <u>-2</u> 1934, 19 <u>J. F. Bredick</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24, 1933

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

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 5:12 a.m.

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

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Shot wound of head

Other contributory causes of importance:
Homicide

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Homicide Date of injury 12/24, 1933
 Where did injury occur? St. Louis Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Shot by person
 Nature of injury Shot wound of head

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....

(Signed) Harold D. Schubert
 (Address) St. Louis

1/23

