

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.

MAR 24 1934

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

Do not use this space.

7027

791

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

St. Louis Mo (No. *2945 - Lawton 3rd City Hosp #2*)
Robert Ellis
 (Usual place of abode) *3962 - Cook Ave. 11* Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred *16* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No.....

1906

Registered No.....

Ward)

2. FULL NAME

(a) Residence, No.....

(Usual place of abode)

Length of residence in city or town where death occurred *16* yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>Caucasian</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>10-23-1872</i>		
7. AGE	YEARS	MONTHS
	<i>61</i>	<i>3</i>
		DAYS
		<i>28</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
<i>Laborer</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
<i>Laborer</i>		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
<i>Indiana</i>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
<i>Robert Ellis</i>		
13. NAME		
<i>Indiana</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
<i>Mary ?</i>		
15. MAIDEN NAME		
<i>Indiana</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS) <i>Judy Anderson</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>North View Ind</i> DATE <i>2-23-1924</i>		
19. UNDERTAKER <i>Merrill Swift Co.</i> (ADDRESS) <i>4659 Broadway</i>		
20. FILED <i>FEB 23 1934</i> <i>J. B. Bredeck</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-21-1934*

22. I HEREBY CERTIFY, That I attended deceased from *2-11-1934* to *2-21-1934*

I last saw him alive on *2-21-1934*. Death is said to have occurred on the date stated above, at *3:30 P.* m.

The principal cause of death and related causes of importance were as follows:
Uremic Coma Chronic Nephritis Date of onset *2-11-34*

Other contributory causes of importance:
Chronic Myocarditis

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

What test confirmed diagnosis?..... 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) *Henry H. Staunton* M. D.
 (Address) *2945 - Lawton 3rd*

