

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

Do not use this space.

18944

**1. PLACE OF DEATH**

County.....

Registration District No. **791** ✓

Township.....

Primary Registration District No. **1003**

City **St. Louis Mo.** (No. **Sanataramon**)

File No. ....

Registered No. **5462**

St. .... Ward)

**2. FULL NAME** **Emma Ellis**

(a) Residence, No. **4056 Finney** St. **11** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **45** yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

**Female**

**4. COLOR OR RACE**

**white**

**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**

**Married**

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**Frank N. Ellis**

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**

**Unknown**

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

**about 75**

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.**

**Housewife**

**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**

OCCUPATION

MOTHER FATHER

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

**St. Louis Missouri**

**13. NAME**

**Unknown**

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

**15. MAIDEN NAME**

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

**17. INFORMANT (ADDRESS)**

**Hubert P. Smith, m.d. 5400 Arsenal St.**

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE **St. Peters** DATE **June 2, 1934**

**19. UNDERTAKER (ADDRESS)**

**Thos. H. Paschedag 2825 No. Grand. Wash.**

**20. FILED**

**Joe J. Bredeck Registrar.**

**2. MEDICAL CERTIFICATE OF DEATH**

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

**May 29, 1934**

I HEREBY CERTIFY, That I attended deceased from **July 1<sup>st</sup>**, 19**30**, to **May 29**, 19**34**.  
I last saw him alive on **May 29**, 19**34**. Death is said to have occurred on the date stated above, at **9:20** p.m.

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

**Broncho Pneumonia**

Date of onset

**3da**

Other contributory causes of importance:

**Intestinal Obstruction (Carcinoma)**

**1930**

Name of operation **Sigmoidostomy** Date of **5/1/34**

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 **None**

Nature of injury **no**

**24. Was disease or injury in any way related to occupation of deceased?**

If so, specify \_\_\_\_\_

(Signed) **Hubert P. Smith**, M. D.

(Address) **5400 Arsenal St.**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

100-100000

100-100000

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. Sanitarium)..... St. .... Ward.....

File No.....  
 Registered No. 5462

**2. FULL NAME**

Emma Ellis  
 (a) Residence, No. .... St. .... Ward. ....  
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
75

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED

94-34 J F Bredeck  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on ....., 19..... Death is said

to have occurred on the date noted above, at ..... m.  
 The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset

Other contributory causes of importance:

Intestinal obstruction (Carcinoma at Recto-Sigmoidal junction)

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?

If so, specify.....

(Signed) Herbert P. Smith, M. D.

(Address) 5400 Arsenal per F.H.

SUPPLEMENTARY

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

S-18544