

JUL 8 - 1937

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

Do not use this space.

22505

1. PLACE OF DEATH Homer G Phillips Hospital

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City, St. Louis, Mo.. (No.....)

File No.....
Registered No. 6257
St. Ward)

2. FULL NAME Herley Ellis

(a) Residence, No. 1522 Rear Wash St. 25 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

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

Male

Col.

Widower

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

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

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

abt. 47

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.

Laborer common

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 Evelyn Hilliard (ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Louis U DATE 6-17-37

19. UNDERTAKER (ADDRESS) W Richter 3500 Bridget St

20. FULL TIME J. F. Bedeck REGISTRAR

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-3-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 5-1-37, 19, to 6-3-37, 19

I last saw him alive on 6-3-37, 19. Death is said to have occurred on the date stated above, at 1:55 p.m.

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

Cerebral Arteriosclerosis with Left Hemiplegia; Terminal Pneumonia, Lobar

Left hemiplegia caused by cerebral thrombosis

Other contributory causes of importance:

108

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

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..... Nature of injury.....

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

If so, specify..... (Signed) A. L. Lewis, M. D. (Address) 2601 N Whittier

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

31 32 31 213 22

JUL 28 1937

