

JUL 31 1937

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

Do not use this space.

24909

1. PLACE OF DEATH

County Saint Louis
Township Carondelet
City Jefferson-Barracks

Registration District No. 1123
Primary Registration District No. 6248B
Veterans Administration Facility

File No. _____
Registered No. 250 St. _____ Ward _____

2. FULL NAME

Sam ELLIEN

(a) Residence, No. 2828 N. Broadway St. _____ Ward _____
(Usual place of abode)

Saint Louis, Missouri.
(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mrs. Lela Ellien

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 45 10 19

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) about 12 years ago. 11. Total time (years) spent in this occupation? _____

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

13. NAME George Ellien

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

15. MAIDEN NAME May (Unknown)

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

17. INFORMANT Clinical Clerk M. Schilling
(ADDRESS) VAJ Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetary DATE June 17, 1937

19. UNDERTAKER (ADDRESS) C. Hoffmeister Und. & L. Co. 7814 S. B'way, St. Louis, Mo.

20. FILED June 17, 1937 G. Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1937, to June 14, 1937.
I last saw him alive on June 14, 1937. Death is said to have occurred on the date stated above, at 6:50 p.m.

The principal cause of death and related causes of importance were as follows:
Rupture of aneurysm of ascending aorta.

Date of onset Unkn.

Other contributory causes of importance:
Pleurisy with effusion.

Unkn.

Name of operation None Date of operation _____
Psy. exam. clinical manif. and laboratory
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 Heart disease
(Signed) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAJ Jefferson Barracks, Mo.

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.

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OCCUPATION

MOTHER FATHER

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