

NOV 23 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County St. Charles  
Township Dardenne  
City St. Peters (No. .... St. .... Ward)

Registration District No. 160 B  
Primary Registration District No. 6001

File No. 38647  
Registered No. 35

2. FULL NAME Anton Ell

(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 57 yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED  
~~HUSBAND OF~~  
~~WIFE OF~~ Anna Ell

22. I HEREBY CERTIFY, That I attended deceased from 1928, 19... to Oct 19, 1937

I last saw h. live on Oct. 19, 1937 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1861

to have occurred on the date stated above, at 2:30 AM

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
76 6 13

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

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Retired Farmer

Date of onset

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

Coronary decompensation  
myocarditis

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Baden  
(STATE OR COUNTRY) Germany

13. NAME unknown

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

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

What test confirmed diagnosis? ..... Was there an autopsy? no

15. MAIDEN NAME unknown

23. If death was due to external causes (violence), fill in also the following:

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

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.

17. INFORMANT Alphonse Ell  
(ADDRESS)

Manner of injury .....

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury .....

PLACE St. Peters, Mo. DATE Oct. 22, 1937

24. Was disease or injury in any way related to occupation of deceased? no

19. UNDERTAKER Geo. Stiefvater  
(ADDRESS) St. Peters, Mo.

If so, specify .....

20. FILED Oct 21, 1937 Eda Kuthly  
Registrar.

(Signed) Jim Janssen, M. D.

(Address) St. Louis

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

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