

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

4966
Do not use this space.

1. PLACE OF BIRTH 1 4 1938
 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **1611**
 (c) City **St. Louis, Mo.** (d) Street No. **Park Lane Memorial Hospital** St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Samuel H. Ellis 420**
 (a) Residence, No. **7351 Wellington Avenue** St. **NR** **University City, Missouri**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24th, 1884			
7. AGE YEARS 53	MONTHS 10	DAYS 18	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machinist		
	9. Industry or business in which work was done, as saw mill, bank, etc. J. B. Gury Mfg. Co.		
	10. Date deceased last worked at this occupation (month and year) October 1937		
		11. Total time (years) spent in this occupation 20 Yrs	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0			
FATHER	13. NAME Samuel H. Ellis 1		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 0		
MOTHER	15. MAIDEN NAME Mathilda Manning		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
17. INFORMANT J. A. Ellis (ADDRESS) 4226 Hartford Street			
18. BURIAL, CREMATION, OR REMOVAL PLACE Perryville, Mo. DATE February 14, 1938			
19. FUNERAL DIRECTOR Albert H. Hoppe Inc., (ADDRESS) 429 N. Euclid Avenue			
20. FEB 15 1938 , 19 J. B. Braddock Local Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 12th, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 7, 1938 to Feb 12, 1938**
 I last saw him alive on **Feb 12, 1938**. Death is said to have occurred on the date stated above, at **11:00 A.M.**
 The principal cause of death and related causes of importance were as follows:
Unseen
Chronic Int Nephritis
 Date of onset _____

Other contributory causes of importance _____

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 **Yes**
 (Signed) **J. B. Braddock**, M. D.
 (Address) **4930 Little**

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Henry W. Wilkinson

Licensed Embalmer No. _____

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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)