

REC'D MAY 10 1938

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

791
1003

13324

Do not use this space.

3928

1. PLACE OF DEATH

- (a) County..... Registration District No.
(b) Township..... Primary Registration District No. Registered No.
(c) City St Louis (d) Street No. 1427 A Nelmar Blvd 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. 2 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- (a) Residence, No. 814 Franklin St. St. NR Madison Ill
(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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 4 - 1884</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>11</u>
	DAYS <u>23</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Sabotier</u>	11. Total time (years) spent in this occupation <u>3 yrs.</u>
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>W. P. A. Project</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Oct 1938</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Memphis, Tenn.</u>		
FATHER	13. NAME <u>George Ellis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Baton Rouge, La.</u>	
MOTHER	15. MAIDEN NAME <u>Olga Rollison</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Charleston, So. Carolina</u>	
17. INFORMANT (ADDRESS) <u>Carroll</u> <u>1427 A Nelmar Blvd</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>East St Louis Ill</u> <u>April 27, 1938</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>J. D. Bricker</u> <u>East St Louis Ill</u>		
20. FILED <u>APR 27 1938</u> <u>J. D. Bricker</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mich 3, 1938 to April 27, 1938
I last saw him alive on April 25, 1938 Death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:
Myocardial Infarction
Coronary Artery Disease
Atherosclerosis

Other contributory causes of importance:
None

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) A. W. Braddock M. D.
(Address) 17003 N. Jefferson

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 3994

Isaac Jerome Manlove

or by

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

Signed

Isaac Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address

2829 Washington Ave

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.)

If this body is not embalmed, above space should be left blank.