

24 1939

FEB 7 1939

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

3949
Do not use this space.

1. PLACE OF DEATH
 (a) County Saint Louis Registration District No. 784
 (b) Township Crawsholt Primary Registration District No. 200
 (c) City Jefferson Barracks (d) Street No. Vet Hosp St.
Unkn. (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 Elmer B. ELLISON
 (a) Residence, No. 3350a Greenwood Blvd., Maplewood St. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 1893

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>45</u>	<u>9</u>	<u>22</u>		

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Patrolman
 9. Industry or business in which work was done, as saw mill, bank, etc. -
 10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) Saint Louis, (STATE OR COUNTRY) Missouri.

FATHER
 13. NAME William Ellison
 14. BIRTHPLACE (CITY OR TOWN) - (STATE OR COUNTRY) Missouri.

MOTHER
 15. MAIDEN NAME Ollie Burns
 16. BIRTHPLACE (CITY OR TOWN) - (STATE OR COUNTRY) Missouri.

17. INFORMANT Clara A. Barracks Jefferson Barracks, Missouri
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Waltham Cem. DATE Jan 25 1939

19. FUNERAL DIRECTOR (NAME) Jay B. Smith (ADDRESS) 345 St. Charles

20. FILED JAN 24 1939 J. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1939, to January 22, 1939
 I last saw him alive on January 22, 1939 Death is said to have occurred on the date stated above, at 12:35A.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis with hypertrophy and congestive failure. Date of onset March, 1938.

Other contributory causes of importance: 92C
None

Name of operation None Date of Phy. clinical manif. and laboratory
 What test confirmed diagnosis? NO 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 -
 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) C. W. HUGHES, Chief Med. Officer M. D.
 (Address) VAE., Jefferson Barracks, Mo.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. H. Burgess

Licensed Embalmer No. 4029

P. O. Address.....

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.