REC'D JUN 12 1939

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

16542
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 4076

1. PLACE OF DEATH
(a) County St Louis Mo. 3
(b) Township
(c) City St Louis 1
(d) Street No. 2601 N Whittier St 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 Lewis Ellis
(a) Residence, No. 1828 Wash St St. 21
(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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan, 19 1897.

7. AGE: Years 42 | Months 3 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo. 19

FATHER
13. NAME Lewis Ellis Sr. 59
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo. O

MOTHER
15. MAIDEN NAME Cathrine Goatley O
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico Mo. O

17. INFORMANT (ADDRESS) Roy Johnson 7720 East Railroad Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson Barracks DATE 5-4 19 39

19. FUNERAL DIRECTOR (ADDRESS) Ellis Funeral Home 2820 Stoddard St

20. FILED MAY 3 1939 J. P. Bullock Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-30-39 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 9 P.M. m.
The principal cause of death and related causes of importance were as follows:
Septicaemia following Lymphangitis of right leg, primarily of high thrombosis, which date as a result of a sprain received Apr. 5 1939 while working on

Date of onset

Other contributory causes of importance:
a W.P.A. project, as a result of self-medication for cancer with Diabetes Mellitus

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Apr 5, 1939
Where did injury occur? Unknown (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury As above
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Alfred Perry M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Lonnie Boykin, Licensed Embalmer No. 2946

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

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.)