

20684

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 12 1939

Registrar's No. **5528**

Registration District No. **791**
1003

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hosp /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Hours (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____ **(9)**

(c) City or town St. Louis /
(If outside city or town limits, write "RURAL")

(d) Street No. 5115 N. 2 Str
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Vernon John Ellington

8. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th
year 1939 hour 4 minute 50 A. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased Oct. 5, 1937
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>8</u>	<u>14</u>	hr. _____ min. _____

Immediate cause of death Suffocation
suffered when deceased fell thru hole in outside privy vault in rear of home, 5115 N. 2nd St., June 18, 1939 about 4:30 P.M. ACCIDENT.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation None

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: 1819

Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Harry Ellington

13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Clara Dixon

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence June 18, 1939.

16. (a) Informant's own signature Harry Ellington

(b) Address 5115 N. 2 Str.

(c) Where did injury occur? home - St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home, 5115 N. 2nd St.

17. (a) Burial (b) Date thereof 6/22/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cem

While at work? _____ (Specify type of place)

(e) Means of injury _____

18. (a) Signature of funeral director W. A. Strick

(b) Address 2117 E. Grand Blvd

19. (a) JUN 21 1939 (b) J. P. Brueck
(Date of final death report) (Signature of embalmer)

23. Signature Joseph M. Brueck

Address _____

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

Frank A. Moore

Licensed Embalmer No.

3041

P. O. Address

2117 E. Grand

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.