

JUL 17 1940
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5054

1. PLACE OF DEATH:

(a) County St Louis Mo
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3911 Chippewa 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Stella H. Ellis 420

8. (b) If veteran, name war No 8. (c) Social Security No. NO

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased March, 21, 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Europe
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business 9

MOTHER FATHER { 12. Name John Lamper 9

13. Birthplace Unknown 9

14. Maiden name Unknown

15. Birthplace Unknown

(City, town, or county) (State or foreign country)

16. (a) Informant Helen Schwaninger

(b) Address 3911 Chippewa

17. (a) Burial (b) Date thereof 6/11/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 4016 Chippewa

19. (a) JUN 10 1940 (b) [Signature]
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town St Louis 16
(If outside city or town limits, write "RURAL")
(d) Street No. 3911 Chippewa
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day XIX 7th
year 1940 hour 6 minute 51 P. M.

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.

Immediate cause of death Strangulation due to hanging by rope around neck from outside corner of door, between dining room and rear bed room of her home, 3911 Chippewa Str., June 7th, 1940, about 6.30 P.M. SUICIDE.
Due to _____
Duration _____

Other conditions (Include pregnancy within 3 months of death) 165

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence 6/7/1940

(c) Where did injury occur 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

While at work? _____ (Specify type of place)

(b) Cause of injury _____

23. Signature [Signature] (M. D. or other)

Address [Signature] Date signed 6/10/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Ernest W. Spillara

Licensed Embalmer No. 4080

P. O. Address 3747 Dunnic

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.