No. 4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26232

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1576

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days (Specify whether years, months or days)

In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Kirkwood (If outside city or town limits, write "RURAL")

(d) Street No. 203 Brooklyn, Kirkwood (If rural, give location)

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

3. (a) PRINT FULL NAME John Ellis 420

3. (b) If veteran, name war

3. (c) Social Security No. 507-09-5026

4. Sex male

5. Color or race colored

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 June (Month) 10 (Day) 1897 (Year)

8. AGE: Years 43 Months 2 Days 5 If less than one day ..... hr. ..... min.

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

10. Usual occupation Bartender U

11. Industry or business U

FATHER
12. Name John Ellis
13. Birthplace Labadie, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elmira Brown
15. Birthplace Labadie, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Charles Ellis- brother

(b) Address New York St., Kirkwood, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/20 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director John H. Hemphill

(b) Address 408 S. Elmwood Kirkwood Mo.

19. (a) 8-20-40 (Date received local registrar) (b) T. A. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15 year 1940 hour 10:30 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from 7/27/40, 19..., to 8/15/40, 19...; that I last saw him alive on 8/15/40, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrage — Duration 2 weeks

Due to Chronic alcoholism? — several years

Due to

Other conditions Diabetes mellitus (Include pregnancy within 3 months of death) — ?

Major findings: Of operations 59

Of autopsy Right temporal lobe softening, epidural hemorrhage over left temporal area

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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

(e) Means of injury

23. Signature Medpitz (M. D. or other)

Address St. Louis Co. Hospt Date signed 8/16/40

(Licensed Embalmer's Statement on Reverse Side)

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 myself, Registered Apprentice No. —, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2246

P. O. Address 2812 Thomas St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.