

No. 2
4-13-40
-17-39
K23159

Registration District No. 791

Primary Registration District No. 1003

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

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: Enroute City Hospital
(If not in hospital or institution, write street number or location) 3
(d) Length of stay: In hospital or institution 30 years (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1519 S. 3rd St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Orville O. Ellis

3. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Myrtle 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Oct. 3, 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 11 16 hr. min.

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

10. Usual occupation W. P. A. Laborer

11. Industry or business _____

12. Name Thos. C. Ellis

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Dacey Murray

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Ellis

(b) Address 1519 S. 3rd St.

17. (a) Burial (b) Date thereof 9/23/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trinity Lutheran
(d) Signature of funeral director R. W. McLaughlin
(e) Address 2301 Lafayette Ave

19. (a) SEP 19 1940 (b) J. B. Braddock
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19
year 1940 hour 5 minute 35 A.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 Lumbar Hemorrhage due to fracture of dorsal spine fracture ribs, laceration of liver, splenectomized lungs, suffered while struck by auto truck driven by one Louis Brengard at Broadway and Barry St about 5:15 p.m. Sept. 19 1940

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: deceased was pedestrian
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) accident

(b) Date of occurrence Sept 19 1940

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

(d) Did injury occur on or about home, on farm, in industrial place, in public place?
While at work no (Specify type of place) (e) Means of injury Auto

23. Signature Joseph M. Juma (M. D. or other) 5
Address Deputy Grand Date signed 9/17/40

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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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, fact should be so stated above.