

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33790

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8487

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: 22634 INDIANA AV. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME JOHANNA ELLISON

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GOTTFREID ELLISON 6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased FEBRUARY 4 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSEWORK

11. Industry or business OWN

12. Name NELS. J. NELSON

18. Birthplace SWEDEN
(City, town, or county) (State or foreign country)

14. Maiden name KATHERINE

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

16. (a) Informant Gottfried Ellison

(b) Address 22634 Indiana av.

17. (a) BURIAL (b) Date thereof OCT. 14 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. MATTHEWS CEM.

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette av.

19. (a) OCT 14 1940 (b) J. Schmur
(Date recorded locally) (Signature)

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. 22634 INDIANA AV.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11
year 1940 hour 9 minute 30 p.m.

21. I hereby certify that I attended the deceased from January 14, 1931 to October 11, 1940
and I last saw him alive on October 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration 3 1/2 hrs

Due to My pertussis and General Arterio Sclerosis Several years

Due to _____

Other conditions Chronic Myocarditis Several years
(Include pregnancy within 3 months of death)

Major findings: Of operations 93C PHYSICIAN

Of autopsy _____ 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. Louis Schuchat (M. D. or other)

Address 2200 Chateau av. Date signed OCT 13 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.....

Jose B. Vollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave*

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.