

S. No. 2
4-13-40
v. 5-17-39
I X23159

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **10282**

1. PLACE OF DEATH:

(a) County..... **1**

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

(c) Name of hospital or institution..... **Jewish Hospital**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....

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

(d) Street No..... **5207 Maple**
(If rural, give location)

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

3. (a) PRINT FULL NAME..... **Hattie Ellenburg**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION
Dec. 12-40

20. DATE OF DEATH: Month..... day.....
year..... hour..... minute..... M.

4. Sex..... **Female**

5. Color or race..... **White**

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

6. (b) Name of husband or wife..... **Paul Ellenburg**

6. (c) Age of husband or wife if alive..... **29** years

7. Birth date of deceased..... **July 29 1866**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from.....
Dec. 8, 19**40** to **Dec. 12**, 19**40**

that I last saw him alive on..... **Dec. 11**, 19.....
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	74	4	13hr.min.

Immediate cause of death.....
urban pneumonia

9. Birthplace..... **Helena Ark.**
(City, town, or county) (State or foreign country)

Due to.....

Due to.....

10. Usual occupation.....

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

11. Industry or business.....

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

12. Name..... **Leo Ellenburg**

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

14. Maiden name..... **Pyrense Wood**
(City, town, or county) (State or foreign country)

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

16. (a) Informant..... **Geo Ellenburg**

(b) Address..... **5207 Maple**

17. (a)..... **Burial** (b) Date thereof..... **Dec 15-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Mt. Olive (Jewish)**

18. (a) Signature of funeral director..... **H. Rindskopf**

(b) Address..... **5216 Delmar**

19. (a) **DEC 14 1940** (b) **J. H. Bredek**
(Date received local registrar) (Registrar's signature)

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..... **Quincy Ross** (M. D. or other).....

Address..... **1918 1st Street** Date signed.....

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..... *Char. W. Cooper*

Licensed Embalmer No. *3830*

P. O. Address..... *5216 Delmar*

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.