

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8205

State File No. _____

LED MAR 11 1941

Registration District No. 784

Primary Registration District No. 115

Registrar's No. 416

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town University City

(c) Name of hospital or institution: 1050 East Park Ave.
(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 Robert Ellwood

3. (b) If veteran, name war None

3. (c) Social Security No. No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Ellwood

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May. 18, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>9</u>	<u>3</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Thomas Ellwood

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

14. Maiden name Mary Greenhow

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

16. (a) Informant Mrs. Anna Ellwood

(b) Address 1050 East Park Ave.

17. (a) Burial (b) Date thereof Feb. 24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Bud Mo.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiament Ave.

19. (a) FEB 22 1941 (b) D. R. Meyer, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 1050 East Park Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 30 Yrs. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
year 1941 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from Feb. 16th, 1941, to Feb. 21st, 1941
that I last saw him alive on Feb. 21, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Duration 1 yr.

Due to 93-41

Due to _____

Other conditions arterio sclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

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 Norman Windsor (M. D. or other) _____
Address 6131 Elzer, St Louis, Mo Date signed 2-22-41

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

MOTHER FATHER

Dr. Munkley
Feb. 4017

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.....

Licensed Embalmer No. 3225

P. O. Address 1125 Hodiament 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, fact should be so stated above.