No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30187

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7526

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County

(c) City or town Taylorville N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. 309 E. Franklin
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Ellis

3. (b) If veteran, name war No.

3. (c) Social Security No. 346-09-9186

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Clara

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased May (Month) 7 (Day) 1884 (Year)

8. AGE: Years 57 Months 4 Days 10 If less than one day hr. min.

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

10. Usual occupation Service Manager

11. Industry or business G.H. Large & Co.

FATHER 12. Name Henry Ellis

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

MOTHER 14. Maiden name Emma Pogue

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

16. (a) Informant Mrs. Clara Ellis

(b) Address Taylorville, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/17/41 (Month) (Day) (Year)

(c) Place: burial or cremation Greenville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) SEP 17 1941 (Date received local registrar) (b) J. H. Buedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 17, year 1941 hour 9:15 minute A. M.

21. I hereby certify that I attended the deceased from September 12, 1941 to September 17, 1941 that I last saw him alive on September 17, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Coronary Occlusion

Duration

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)

While at work? (e) Means of injury

23. Signature L. O. Mulligan (M. D. or Coroner)

Address 1515 Lafayette Ave. Date signed 9/17/41

(Licensed Embalmer's Statement on Reverse Side)

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 Albert G. Hoffer

Licensed Embalmer No. 297

P. O. Address.....

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

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