S. No. 2
—1-4-41
5-17-39
I X25390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 4301

FILED MAR 17 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1631

**1. PLACE OF DEATH:**

(a) County St Louis

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

(c) Name of hospital or institution: 319 a Montrose 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 Abt 7 mo. years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County 18 00

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

(d) Street No. 319 a Montrose ave (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Madora Ellis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col

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

6. (b) Name of husband or wife Charley Ellis

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Mar (Month) 8 (Day) 1885 (Year)

8. AGE: Years 58 Months 11 Days 10 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Harry Holmes
13. Birthplace (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name Susie Hooker
15. Birthplace (City, town, or county) Miss (State or foreign country)

16. (a) Informant Tryllma Irving

(b) Address 319 a Montrose ave

17. (a) Shipped (Burial, cremation, or removal) (b) Date thereof Feb 24, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Durant Miss

18. (a) Signature of funeral director F. A. Green

(b) Address 2915 Franklin ave

19. (a) FEB 23 1942 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 18 year 1942 hour 12 minute 30 a. M.

21. I hereby certify that I attended the deceased from Feb 14th 1942 to Feb 18th 1942 that I last saw her alive on 18th Feb 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Wm Healon (M. D. or other)

Address 2743 Franklin Date signed

(Licensed Embalmer's Statement on Reverse Side)

## 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. 2963

P. O. Address 2915 Franklin

**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.**

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri
~~County of~~ City St. Louis } ss.

State File No. 4301
Local Registrar's No. 1631

# AFFIDAVIT FOR CORRECTION OF A RECORD

On this 28th day of May, 1942, before me appears F. A. Green, who, upon his oath, states that the original record of ~~birth~~ death for Madora Ellis, died ~~born~~ Feb. 18-, 1942, in the State of Missouri, and which was filed at St. Louis, Mo. on Feb. 23, 1942 should be corrected as follows:

Item No. 7 should read March 8- 1885

Instead of March 8- 1883

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant F. A. Green Relationship Undertaker

2915 Franklin Ave.
Present Address.

Subscribed and sworn to before me this 28 day of May, 1942

My Commission expires Mar. 4-1945 Geo. C. Paddock Notary Public.

Friend and Accompanying Aff. of Undertaker

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
25M-3-42
I X32339