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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38007

State File No.

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2439

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 4 Ashby at Thorpe
Berliner Nursing Home Roads
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 57 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1000 17 9

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

(d) Street No. 1364 Goodfellow
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME Isaac Helman Ellis

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex male

5. Color or race white

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

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

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

7. Birth date of deceased (unknown)
(Month) (Day) (Year)

8. AGE: Years ab. 86 | Months | Days | If less than one day hr. min.

9. Birthplace Slonim (City, town, or county) Poland 4 (State or foreign country)

10. Usual occupation Sign painter

11. Industry or business

FATHER
12. Name Alexander Helman
13. Birthplace (City, town, or county) Poland 4 (State or foreign country)

MOTHER
14. Maiden name Ida Abramovitz
15. Birthplace (City, town, or county) Poland 4 (State or foreign country)

16. (a) Informant Alex Ellis
(b) Address 6317 Cates

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/22/42 (Month) (Day) (Year)
(c) Place: burial or cremation Beth Ham Hag

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) NOV 23 1942 (Date received local registrar) (b) E. G. McGarran MD (Registrar's signature) R.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21st year 1942 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from November 12, 1942 to November, 1942 that I last saw him alive on November 21, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Lymphatic Leukemia	
Due to Arteriosclerotic Heart Disease	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

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 Jos. M. Oersteen (M. D. ~~or other~~)

Address 4500 Olive St. Date signed 11/22/42

(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. 1597

P. O. Address.....

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.