S. No. 2
M—5-42
v. 5-17-39
I X32873

96
0
0

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

38008

State File No. 84

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 2286

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 10/27/42. (Specify whether
In this community Since 10/27/42.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County 14

(c) City or town East St. Louis 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1424 Lynch Avenue
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME John C. Ellmer

3. (b) If veteran, name war World War - 1918

3. (c) Social Security No. 355-01-0101

4. Sex Male 0

5. Color or race White

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

6. (b) Name of ~~husband or~~ wife Bessie

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

7. Birth date of deceased August 29, 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	2	2	hr. min.

9. Birthplace Iron Mountain Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Steam Fitter

11. Industry or business -

FATHER
12. Name Charles Ellmer
13. Birthplace California
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Adeline Lohrey
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schulig
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (b) Date thereof Nov. 5, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis, Ill

18. (a) Signature of funeral director Chas Burke
(b) Address East St. Louis, Ill

19. (a) NOV 2 - 1942 (b) C G McGavran MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1st, year 1942 hour 11:15 minute A. M.

21. I hereby certify that I attended the deceased from October 27, 1942, to November 1, 1942 that I last saw him alive on November 1, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CIRRHOSIS OF LIVER.	Unknown.
~~Due to~~ Other Conditions: Hepatitis, subacute.	Unknown.
~~Due to~~ Tuberculosis, pulmonary, chronic, mod. advanced, active.	Unknown.
Other conditions - (Include pregnancy within 3 months of death)	

Major findings:
Of operations None.
Of autopsy Not granted.

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) no

(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. M. COCHRAN, M.D., (M. D. or other)

Address Chief Medical Officer. Date signed 11/2/42.

(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 Chas M. Burns

Licensed Embalmer No. 2421

P. O. Address East St Louis Ill

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.