

FILED FEB 16 1943 818

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
En Route City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 16 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County.....
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2009a Martha Place
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME LEO ELLINGER

3. (b) If veteran, name war NO 3. (c) Social Security No. 499-12-8860

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17th
year 1943 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bernice 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased December 11th 1896
(Month) (Day) (Year)

Immediate cause of death. Renal poisoning self administered when I found him on the couch in his home Jan. 17th 1943 about 4:00 PM
Duration
Due to.....
Due to.....

8. AGE: Years Months Days If less than one day
46 1 6hr.min.

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

10. Usual occupation Laborer

11. Industry or business Construction Contractor

12. Name Frank Ellinger

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

14. Maiden name Unknown

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

16. (a) Informant Bernice Ellinger

(b) Address 2009a Martha Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/43
(Month) (Day) (Year)

(c) Place: burial or cremation St. Matthew

18. (a) Signature of funeral director a. w. m. Laughlin

(b) Address 2301 Lafayette Ave.

19. (a) JAN 19 1943 (Date received local registrar) (b) J. P. Bredek (Registrar's signature)

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) suicide
(b) Date of occurrence Jan 17 1943
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
.....
While at work? no (Specify type of place) (e) Means of injury Renal
23. Signature Thomas J. Pellmar (M.D. or other)
Address Deputy Coroner Date signed 1-19-43

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

32

MOTHER FATHER

874

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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.