

FILED OCT 22 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(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:  
4050 St. Louis Avenue.,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009 19  
(c) City or town St. Louis 911  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4050 St. Louis Avenue.,  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Ellis (Giannaki)

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eva Ellis (Giannaki) 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased April 23 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 5 17 hr. min.

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

10. Usual occupation Restaurant Operator

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name George Elia

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

14. Maiden name Alice Baselike  
15. Birthplace Unavailable Greece  
(City, town, or county) (State or foreign country)

16. (a) Informant Pauline Ellis  
(b) Address 4050 St. Louis Avenue.,

17. (a) Burial (b) Date thereof 10/13/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

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

(b) Address 4700 Washington Blvd.,

19. (a) OCT 11 1943 (b) J.F. Beedick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10  
year 1943 hour 10 minute 17 M.

21. I hereby certify that I attended the deceased from Sept 15 1943 to Oct 10 1943  
that I last saw him alive on Oct 7 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis and Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature Albert H. Hoppe (M. D. or other) M.D.  
Address 1901 Washington St Date signed 10/11/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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.....

*W. Wilkinson*

Licensed Embalmer No..... *2575*

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.**