S. No. 2
0M—2-43
v. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36323

FILED NOV 29 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10069

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
At City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Unknown (Specify whether
In this community 0
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. 5117 McKissock Av.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John M. Ellis

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 495-18-2581

4. Sex Male 0

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Nov. 10, 1900. (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
~~XXX~~	43	0	5	hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Ice Man

11. Industry or business

FATHER
12. Name Thomas Ellis
13. Birthplace unknown (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 0

16. (a) Informant Viola Ellis
(b) Address 5717 McKissock Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery.

18. (a) Signature of funeral director [illegible]
(b) Address 2147 E. GRAND BLVD.

19. (a) NOV 10 1943 (Date received local registrar) (b) J. F. Buechel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15th year 1943 hour 3:50 minute A. 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.

Immediate cause of death	Duration
Chronic Hypertrophic Myocarditis; Decompensated Heart.	
Due to	
Due to	
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 Thomas F. Callaran (M. D. or other)
Address Deputy Coroner Date signed 6-4-

(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 Frank A. Moore

Licensed Embalmer No. 13041

P. O. Address 2117 E. Grand

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.