

FILED DEC 8 1943
Registration District No. _____

Primary Registration District No. 6048

Registrar's No. 207

1. PLACE OF DEATH: *St Charles*
(a) County *St Charles*
(b) City or town *O'Fallon Mo*
(c) Name of hospital or institution: *O'Fallon Mo I & Arkansas St*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community *6 years* years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State *Mo* (b) County *St Charles*
(c) City or town *O'Fallon Mo* (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? *No* (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME *MADIA A. ELLIS*
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month *Nov* day *13* th
year *1943* hour *6* minute *P.M.*

4. Sex *P.* 5. Color or race *White*
6. (a) Single, widowed, married, divorced *Married*
6. (b) Name of husband or wife *William Ellis*
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased *April 25 1889*
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *week 20* *1943* to *Nov 13* th *1943*
that I last saw him alive on *Nov 13* th *1943*
and that death occurred on the date and hour stated above.
Immediate cause of death *myocardial infarct* Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<i>54</i>	<i>8</i>	<i>19</i>	hr. min.

Due to *Arterial Sclerosis*
Due to _____

9. Birthplace *Hamburg Mo. 0*
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation *Home duties*
11. Industry or business _____
12. Name *Jasper Bowman*
13. Birthplace *Dnt, Know Mo. 0*
(City, town, or county) (State or foreign country)
14. Maiden name *Christina Schuchert*
15. Birthplace *DePue Mo. 0*
(City, town, or county) (State or foreign country)

Major findings: *= 930*
Of operations _____
Of autopsy _____

16. (a) Informant *William Ellis*
(b) Address *O'Fallon Mo*
17. (a) *Burial* (b) Date thereof *Nov 16 1943*
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation *O'Fallon Mo*

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? _____

18. (a) Signature of funeral director *Wentzville Mo*
(b) Address _____
19. (a) *Nov-16-43* (b) *E. A. Ketcher*
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)
(c) Means of injury _____
23. Signature *[Signature]* (M. D. or other) *MO*
Address *Old Monroe Mo* Date signed *11/15/43*

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

JUL 7 1944

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 T. E. Pitman

Licensed Embalmer No. 2711

P. O. Address Wentzville, Mo.

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.