

No. 2
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-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

273

State File No.

Registration District No. 318 Primary Registration District No. 1000 Registrar's No. 96

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: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
In this community 25 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4356a Easton Avenue
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John C. Ellis
3. (b) If veteran, name war 0 3. (c) Social Security No. 0

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna Ellis 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Sept 18 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 3 13 hr. min.

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

10. Usual occupation Tailor

11. Industry or business

MOTHER FATHER
12. Name Robert Ellis
13. Birthplace Tupelo Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Sallie Green
15. Birthplace Tupelo Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Ellis
(b) Address 4356 a Easton Ave.

17. (a) Burial (b) Date thereof Jan. 6 '44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Russell Undt. Co.
(b) Address 2732 Pine Street

19. (a) JAN 5 1944 (b) J. F. Bedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1,
year 1944 hour 3 minute 30 A.M.
December 17, 1943 to January 1, 1943

21. I hereby certify that I attended the deceased from December 17, 1943 to January 1, 1943
that I last saw him alive on January 1, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Cerebral hemorrhage

Duration
Unk.
Unk.

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?

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

23. Signature S. E. Smith (M. D. or other) 1/3/44
Address Barwhittier Date signed

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 Joel Russell

Licensed Embalmer No. 4112

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.