

FILED APR 1 1945 318

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

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:  
412 N. Sarah  
(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 \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 412 N. Sarah  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Infant Ellsworth

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 25, 1944  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>1</u>	hr. _____ min. _____

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Lloyd Ellsworth  
 13. Birthplace California  
(City, town, or county) (State or foreign country)  
 14. Maiden name Betty French  
 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Ellsworth  
 (b) Address 412 N. Sarah

17. (a) Burial (b) Date thereof 3/27/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) Mar 27 1945 (b) J. F. Budosh  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26  
 year 1944 hour 8 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from March 25  
1944 to March 26 1944  
 that I last saw her alive on March 25 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death atelectasis Duration 1 day

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

Other conditions Prematurity Duration 1 day  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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 Jay H Lamb M.D. or other \_\_\_\_\_  
 Address 4064 Olive Date signed 3/27/44

**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.

*Not embalmed*

Signed..... *Henry Eyrach* .....  
Licensed Embalmer No..... *1284* .....  
P. O. Address..... *St Louis Mo* .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**  
**If this body is not embalmed, fact should be so stated above.**