V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2757

Registration District No. 818 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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Kirkwood, 60
(If outside city or town limits, write "RURAL")

(d) Street No. 411 Meacham 2 NR
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Viola Ellis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife

6. (c) Age of husband or ~~wife~~ if alive 58 years

7. Birth date of deceased April (Month) 15 (Day) 1880 (Year)

8. AGE: Years 64 ~~65~~ Months 11 Days ~~8~~ 9 If less than one day hr. min.

9. Birthplace Newport (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name West Allen
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Patsy Edwards
15. Birthplace Taledage (City, town, or county) Ala 1 (State or foreign country)

16. (a) Informant Lawrence Ellis
(b) Address 411 Meacham St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 - 28 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem

18. (a) Signature of funeral director John W. Hemphill
(b) Address 408 So. Filmore Ave Kirkwood

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 24, day
year 1945 hour 8 minute 25 A. M.

21. I hereby certify that I attended the deceased from March 6, 1945 to March 24, 1945;
that I last saw her alive on March 24, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	Terminal
Due to Chr. Glomerulo-nephritis	Unk.
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 B. F. Murphy (M. D. ~~or other~~)
Address 2601 Whittier Date signed 3/24/45

(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

my self, Registered Apprentice No.

working under my personal supervision.

Signed R. C. Houston, Jr.

Licensed Embalmer No. 2266

P. O. Address 2812, Thomas St.

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.