

FILED AUG 3 1945 318 STANDARD CERTIFICATE OF DEATH

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

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

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

L. 1003

Registrar's No. 6398

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(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 10 days  
In this community Unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17  
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 9  
(d) Street No. 4224 E. Page (If rural, give location) 11  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country. 0

3. (a) PRINT FULL NAME Philomenia Ellis

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

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

6. (b) Name of husband or wife George Ellis 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March 24- 1874  
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Sparta Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation House-Wife

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

12. Name John Youngling

13. Birthplace ? Illinois  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Olivia Calloway (Daughter)

(b) Address 4224 E. Page Blvd.

17. (a) Burial (b) Date thereof 7-26-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetary

18. (a) Signature of funeral director Peoples Und. Co.

(b) Address 3100 Franklin Ave (6)

19. (a) JUL 24 1945 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20, year 1945 hour 1 minute 50 P. M.

21. I hereby certify that I attended the deceased from July 19, 1945, to July 20, 1945, that I last saw her alive on July 20, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Accident Duration 10 days

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 B. F. Murphy (M. D. or other) abs. m. Whittier Date signed 7/24/45

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

MOTHER FATHER

**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 John P. Petter  
Licensed Embalmer No. 4184  
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.**