

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18483

State File No. _____

FILED JUN 9 1947

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 95

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1037 Washington 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 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 1037 Washington St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

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9
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3. (a) PRINT FULL NAME ALICE ELLIS

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

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

6. (b) Name of husband or wife Geo. Ellis
6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Oct. 8 1880
(Month) (Day) (Year)

8. AGE: 77 Years Months Days If less than one day
66 7 10 hr. min.

9. Birthplace Farmington Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---

12. Name James Johnson

13. Birthplace Unknown Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Susie Martin

15. Birthplace West Point Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. Ellis

(b) Address 1037 Washington St.

17. (a) Burial (b) Date thereof June 1, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Chas. J. Gatas

(b) Address 4107 Finney Ave.

19. (a) June 2 - 47 (b) Thessie Blawie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th
year 1947 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from Feb. 16 1946 to May 28 1947
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Hypertension

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 _____

Signature H. H. Gyles (M. D. or other) _____

Address 200a N. Main Street Date signed 5/29/47

Duration

1 yr. 3 mo.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 7 1947

JUN 6 1950

JUN 12 1947

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.....

Thomas J. Gates

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Thomas J. Gates*

Licensed Embalmer No. 4259

P. O. Address 4107 *Spring*

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.