No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 22 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18785

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4716

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(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 1½ Mos (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. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2622 Spruce
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Samuel Ellison
3. (b) If veteran name war None
3. (c) Social Security No. None
4. Sex M 2
5. Color or race Col
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 (Month) (Day) 1892 (Year)
8. AGE: Years About 55 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Willie Ellison
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Hulda Martin
15. Birthplace (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Dee Ellison
(b) Address 2622 Spruce st
17. (a) Removel (Burial, cremation, or removal) (b) Date thereof May 10-47 (Month) (Day) (Year)
(c) Place: burial or cremation Chicago Ill
18. (a) Signature of funeral director J W Hughes
(b) Address 2620 Lawton blvd
19. (a) May 10 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1947 hour 6 minute 55A M.

21. I hereby certify that I attended the deceased from 3-22, 1947 to 5-9, 1947
that I last saw him alive on May 9, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Esophagus with Metastasis	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

PHYSICIAN
Underline the cause of 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 Wayne C Howard (M. D. or other)
Address 2601 N Whittier Date signed 5-9-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Clark Young

Licensed Embalmer No. 3371

P. O. Address Lexington

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.