S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25502

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6577

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 Missouri Pacific Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days hosp. (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4981 Columbia Avenue (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 13
If yes, name country

3. (a) PRINT FULL NAME William Thomas Ellegood

3. (b) If veteran, name war Spanish American

3. (c) Social Security No. 702-05-2159

4. Sex male (1)

5. Color or race W

6. (a) Single, widowed, married, divorced married (2)

6. (b) Name of husband or wife Mosella Ellegood

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased April (Month) 15 (Day) 1868 (Year)

8. AGE: Years 79 Months 2 Days 25 If less than one day hr. min.

9. Birthplace Mason County, Kentucky (City, town, or county) (State or foreign country) 1

10. Usual occupation Retired Rate Clerk

11. Industry or business Wabash R. R.

FATHER
12. Name unknown 9
13. Birthplace unknown (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Louis B. Reese
(b) Address 4981 Columbia Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wm. J. Robert L. & U. Co.
(b) Address 1905 So. Grand Blvd.

19. (a) JUL 12 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1947 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from July 5 1947 to July 10 1947 that I last saw him alive on July 10 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Yes — Coronary artery thrombosis

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) 0
While at work? (e) Means of injury

23. Signature John Elia (M. D. or other) MD
Address Mo. Pacific Hospital Date signed July 11, 19

(Licensed Embalmer's Statement on Reverse Side)

Mel

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 Ronald Yahnke

Licensed Embalmer No. 3917

P. O. Address St Louis, Mo.

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.