. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

36617

State File No. 0

FILED NOV 14 1947

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 2321

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 Days (Specify whether

In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2013a Palm Street, 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ELLIS, Ernest O.

3. (b) If veteran, name war WW-1

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mary E. Ellis

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Aug. (Month) 9 (Day) 1892 (Year)

8. AGE: Years 55 Months 2 Days 29 If less than one day hr. min.

9. Birthplace Crane, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Unknown John Ellis
13. Birthplace Unknown Mo 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown Anna Carney
15. Birthplace Unknown Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Regristrar
(b) Address Vet.Adm.Hosp. Jefferson Brks.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director A.Krone L & U. Co.
(b) Address 2707 N. Grand, St.Louis, Mo.

19. (a) 11-12-47 (Date received local registrar) (b) Cecil A J Sharp MD MSC (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8, 1947
year hour 3:55 minute P M.

21. I hereby certify that I attended the deceased from Oct. 27, 1947, 19, to November 8, 19 47
that I last saw him alive on November 8, 19 47
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death MYOCARDIAL INFARCTION	Unk
Due to 94	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No Autopsy performed	

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) No

(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? L.E. Stilwell (Name of injury) 0

23. Signature L.E.STILWELL, (M. D. or XXXX)

Address Vet.Adm.Hosp. Jeff.Brks.Mo. Date signed 11/10/47

Jefferson City Printing Co.

(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.....

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

working under my personal supervision.

Signed Stanley H. Lipson

Licensed Embalmer No. 4193

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.