. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42989

FILED DEC 31 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11607

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

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: Deacones Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 0 - 8 - MONS - 11 DAYS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 003
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4108a Lexington Av 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dennis. Ellis.
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 4 (Month) 18 (Day) 1947 (Year)

8. AGE: Years 0 Months 8 Days 1 If less than one day hr. min.

9. Birthplace St. Louis. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Harry Ellis.
13. Birthplace St. Louis. (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Edna Garvey
15. Birthplace St. Louis. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mr Harry Ellis.
(b) Address 4108a Lexington Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St. Louis Ave.
19. (a) DEC 20 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 19
year 1947 hour 2 minute 15p M.

21. I hereby certify that I attended the deceased from 12-18, 1947, to 12-19, 1947.
that I last saw him alive on 12-19, 1947.
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Toxemia	
Due to: Volvulus	2d
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Volvulus & eventing of gut around rudimentary vitalin duct.
Of autopsy

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 Geo. H Becker (M. D. or other)
Address Mo Theatre Bldg. Date signed 12-20-47.

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 Ernest W. Spillers

Licensed Embalmer No. 4080

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.