No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6308

Registration District No. .....

Primary Registration District No. 1003

Registrar's No. 1449

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: St. Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1912
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 020

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

(d) Street No. 4409 Cottage 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME ELLIS DUMAS

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

4. Sex Male 2 | 5. Color or race C | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frances | 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Nov. 15, 1890
(Month) (Day) (Year)

8. AGE: Years 57 | Months 2 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace Unknown Ala. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business --

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

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

16. (a) Informant Frances Dumas
(b) Address 4409 Cottage

17. (a) Burial (b) Date thereof 2-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) FEB 11 1948 (b) J. H. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th
year 1948 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 1, 1948, to Feb - 9th, 1948;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to Arteriosclerosis	7
Lymphoma	7
Due to	
Other conditions (Include pregnancy within 3 months of death) 55	

Major findings:
Of operations .....
Of autopsy Coronary Occlusion Lymphoma

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 0

23. Signature W. A. Young (M. D. or other)
Address 2337 Market St. Date signed .....

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 Guy Shelton, Registered Apprentice No. 3, working under my personal supervision.

Signed Thomas Gale

Licensed Embalmer No. 4259

P. O. Address 4107 Finney

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.