

STANDARD CERTIFICATE OF DEATH

State File No. 27669

FILED AUG 23 1948

Registrar's No. 7136

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital- Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days memorial
In this community 54 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Mario Ellis

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife late Carroll Ellis 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 1st, 1878
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Marissa Ill
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

12. Name August Carl

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Jude

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Carl

(b) Address 1517a Agnes St. on Ave.

17. (a) Burial (b) Date thereof 8-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) AUG 14 1948 (b) J. F. Brudek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1517a Agnes St.
(If rural, give location)
(e) Citizen of foreign country? 26 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1948 hour 11 minute 35 A.M.

21. I hereby certify that I attended the deceased from 8-2-48
_____, 19____, to 8-12-48, 19____;
that I last saw h. er alive on 8-12-48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Thrombosis Rt. Middle Cerebral Artery 2 weeks

Due to Arteriosclerosis & Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) 63

Major findings: 112

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature M. M. Landon M.D. (M. D. or other)

Address 1515 Lafayette Avenue Date signed 8-12-48

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.....

Licensed Embalmer No. 1674

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.