

FILED MAR 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11107

|   |  |   |  |  |   |  |                                     |
|---|--|---|--|--|---|--|-------------------------------------|
| BIRTH NO.   |  | REG. DIST. NO. 219  |  | PRIMARY REG. DIST. NO. 4469  |   | Registrar's No. 17   |                                     |
| 1. PLACE OF DEATH<br>a. COUNTY STE. GENEVIEVE   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE MISSOURI b. COUNTY STE. GENEVIEVE |   |  |                                     |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STE. GENEVIEVE   |  | c. LENGTH OF STAY (in this place) 38 YRS  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STE. GENEVIEVE  |   | d. STREET ADDRESS (If rural, give location) 472 MERCANT ST                       |                                     |
| d. FULL NAME OF HOSPITAL OR INSTITUTION NONE  |  |   |  | 4. DATE OF DEATH (Month) (Day) (Year) MARCH 20 1949  |   |  |                                     |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) JOHN  |  |   | b. (Middle) WILLIAM                        |  | c. (Last) ELLIS   |  |                                     |
| 5. SEX MALE   |  | 6. COLOR OR RACE WHITE  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED   |   | 8. DATE OF BIRTH JULY 17 1858  |                                     |
| 9. AGE (In years last birthday) 90  |  | IF UNDER 1 YEAR Months  |  | IF UNDER 24 HRS. Hours   |   | Mts.   |                                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ROADMASTER RETIRED  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY FRISSEUR |  | 11. BIRTHPLACE (State or foreign country) BLOOMINGTON ILL |  | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME JOHN W. ELLIS  |  |   | 13b. MOTHER'S MAIDEN NAME MARY ELLIS       |  |   | 14. NAME OF HUSBAND OR WIFE MARGARET VICKREY                                     |                                     |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO  |  | 16. SOCIAL SECURITY NO. NONE  |  | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS<br>Bernie Boudreau Sr. 472 Mercant St  |   |  |                                     |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.       |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Disturbance<br>ANTECEDENT CAUSES (b) Hypertension, Arteriosclerosis, Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) Myocardial Infarction<br>II. OTHER SIGNIFICANT CONDITIONS (c) Acute Infarctus<br>INTERVAL BETWEEN ONSET AND DEATH 4 1/2 |  |  |   |  |                                     |
| 19a. DATE OF OPERATION none   |  | 19b. MAJOR FINDINGS OF OPERATION none   |  |  |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                                     |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) none   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none   |   |  |                                     |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR? none  |   |  |                                     |
| 22. I hereby certify that I attended the deceased from March 16, 1949, to March 20, 1949, that I last saw the deceased alive on March 19, 1949, and that death occurred at 1:30 a.m., from the causes and on the date stated above. |  |   |  |  |   |  |                                     |
| 23a. SIGNATURE (Degree or title) L. S. Kolassa M.D.   |  |   |  | 23b. ADDRESS Ste. Genevieve Mo   |   | 23c. DATE SIGNED 3-21-49   |                                     |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  |  | 24b. DATE MAR 22 1949   |  | 24c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY   |   | 24d. LOCATION (City, town, or county) (State) WILLOW SPRING HOWELL Co. Mo        |                                     |
| DATE REC'D BY LOCAL REG. MAR 23-49  |  | REGISTRAR'S SIGNATURE L. D. Karl for Teresa M. Karl   |  | FUNERAL DIRECTOR'S SIGNATURE Geo. C. Basher Sr.  |   | ADDRESS Ste. Genevieve Mo  |                                     |

(Licensed Embalmer's Statement on Reverse Side)

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

APR 20 1949

RECORDED

Of Public Health Officer No. 4

District File Number 349-411

Date Filed 3-28-49

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

Student Embalmer No. 34

working under my personal supervision.

Signed *Adrian J. Ehler*  
Student Embalmer

Signed *Leo C. Boster*

Licensed Embalmer No. 1985

P. O. Address *St. Genevieve 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.