

FILED SEP 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29004

BIRTH NO.		REG. DIST. NO. 917		PRIMARY REG. DIST. NO. 6076		Registrar's No. 2039	
1. PLACE OF DEATH a. COUNTY St. Louis. Co.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson Barracks		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Independence 0484			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1125 Gorgas Ave.				d. STREET ADDRESS (If rural, give location) 417 Maple 1			
3. NAME OF DECEASED (Type or Print) Samuel		a. (First) T.		c. (Last) Ellis Sr.		4. DATE OF DEATH (Month) (Day) (Year) Aug. 25. 50	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan 11 1886	
9. AGE (In years last birthday) 64		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Prairie Home Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Ellis		13b. MOTHER'S MAIDEN NAME Margaret Mc Phatridge		14. NAME OF HUSBAND OR WIFE Mable Ellis Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. Unk.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Samuel Ellis Jr. 1125 Gorgas Ave			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatosis, primary undifferentiated 5 wks DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 117D				INTERVAL BETWEEN ONSET AND DEATH 36 hrs 5 wks	
19a. DATE OF OPERATION 7/21/50		19b. MAJOR FINDINGS OF OPERATION Carcinoma undifferentiated, spinal cord T4-5				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 21, 1950, to Aug 25, 1950, that I last saw the deceased alive on Aug 25, 1950, and that death occurred at 11:00 p. m., from the causes and on the date stated above.							
23a. SIGNATURE Sam. Ellis M.D. (Degree or title)				23b. ADDRESS 1125 Gorgas, St Louis 23, Mo.		23c. DATE SIGNED 8/25/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-26-50.		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington		24d. LOCATION (City, town, or county) (State) Kansas City Mo.	
DATE REC'D BY LOCAL REG. 8-26-50		REGISTRAR'S SIGNATURE Herbert R. Blomquist		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington Av?			

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

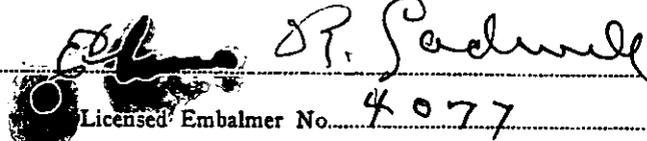
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....


Licensed Embalmer No. 4077

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.