

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34765

State File No. 9073

BIRTH NO. 62446-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
c. LENGTH OF STAY (in this place) 4 HR. 30		d. STREET ADDRESS (If rural, give location) 4581 EVANS AVE.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS MATERNITY HOSPITAL			
3. NAME OF DECEASED (Type or Print) a. (First) ELLIS		b. (Middle)	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 13 50	
5. SEX 3 FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1	8. DATE OF BIRTH OCTOBER 13 50
9. AGE (In years last birthday) 4 30		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME ARTHUR ELLIS		13b. MOTHER'S MAIDEN NAME LOIS ANN SLAUGHTER	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain aneurysm</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Basenian Section</u> DUE TO (c) <u>Pressure from Separating Placenta</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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? 7615		22. I hereby certify that I attended the deceased from <u>OCT. 13, 19 50</u> to <u>OCT. 13, 19 50</u> that I last saw the deceased alive on <u>oct 13, 19 50</u> , and that death occurred at <u>10:50 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <i>E. D. Vermillion, M.D.</i>		23b. ADDRESS <u>600 So. Kings Highway</u>	
23c. DATE SIGNED <u>10/23/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>OCT 26 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland Mortuary - 4127 Manhattan</u>	
DATE REC'D BY LOCAL REG. <u>OCT 24 1950</u>		REGISTRAR'S SIGNATURE <i>J. B. Blanton</i>	

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.....

....., Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

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.