

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42208

FILED JAN 13 1951

State File No. \_\_\_\_\_

BIRTH NO. 23259-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11339

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>10 hrs 35 mins</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Romer G. Phillips</b>		d. STREET ADDRESS (If rural, give location) <b>4472 Cook</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Ronald</b>	b. (Middle)	c. (Last) <b>Ellis</b>	(Month) <b>12</b>	(Day) <b>25</b>	(Year) <b>50</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>12-25-50</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 10 DAYS Days	IF UNDER 10 HOURS Hours	IF UNDER 10 MIN. Min.
				<b>10</b>	<b>10</b>	<b>35</b>	<b>10</b>	<b>35</b>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>Sampson Lee Ellis</b>	13b. MOTHER'S MAIDEN NAME <b>Bessie Lee Day</b>	14. NAME OF HUSBAND OR WIFE
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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.	INFORMANT'S SIGNATURE OR NAME <i>Ronald M. Howard, R.R. 2601 N. Whittier</i>	ADDRESS <b>2601 N. Whittier</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Asphyxia Neonatorum</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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 checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>762.0</b>
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22. I hereby certify that I attended the deceased from 12-25-1950, to 12-25-1950, that I last saw the deceased alive on 12-25-1950, and that death occurred at 10:50P m., from the causes and on the date stated above.

23a. SIGNATURE <i>Ronald M. Howard</i>	(Degree or title) <b>M. D.</b>	23b. ADDRESS <b>2601 N. Whittier</b>	23c. DATE SIGNED <b>12-27-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>JAN 9 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Anna Shubert Board</b>	24d. LOCATION (City, town, or county) (State) <b>Rowland Mortuary Service Inc. St. Louis 10, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>JAN 9 1951</b>	REGISTRAR'S SIGNATURE <i>R. B. Foster</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Rowland Mortuary Service Inc. 4104 Manchester Ave. St. Louis 10, Mo.</b>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

Signed.....  
Student Embalmer

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.