

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2500
410

FILED JAN 26 1951
BIRTH NO. 43962-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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

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 town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) 2219 St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3028 Lucas	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Bonner Phillips Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) Lillian		b. (Middle) Marie	c. (Last) ELLIS
4. DATE OF DEATH (Month) (Day) (Year) 1-12-51			
5. SEX 3 Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ()	8. DATE OF BIRTH July 20, 1950
9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Months 23	IF UNDER 24 HRS. Hours	Min.
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) St. Louis Mo. ()
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Robert Lee Ellis		13b. MOTHER'S MAIDEN NAME Myrtle Lee Taylor	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 Myrtle Lee Ellis 3028 Lucas
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, ashenia, etc.* It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Cardiac</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertrophy</u> 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 checked="" 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)	21f. HOW DID INJURY OCCUR? 7544
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>300 North</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert M. [Signature]</u> (Degree or title) Deputy Commissioner 3		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 1/13/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-17-1951	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
DATE REC'D BY LOCAL JAN 15, 1951	REGISTRAR'S SIGNATURE J. B. Luenter	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Athina Bros. 3644 Finney	

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 Louis V. Attine

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.