

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38954

FILED DEC 1 1951

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1003

State File No. _____

Registrar's No. 10098

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|--|--|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. 10098 | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | 2239 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2843a Accomac</u> | | | | STREET ADDRESS (If rural, give location) <u>2843a Accomac</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Myrtle</u> | | b. (Middle) <u>V.</u> | | c. (Last) <u>Ellis</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 10 1951</u> | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>May 7 1898</u> | | |
| 9. AGE (in years last birthday) <u>53</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 2 yrs. Hours _____ Min. _____ | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? _____ | |
| 13a. FATHER'S NAME <u>Roy H. Foskett</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Jennie Heislen</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Robert Ellis</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thomas Gordon 2843a Accomac</u> | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____ | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shotgun wound of heart and lung suffered when shot with shotgun in hands of one Robert Ellis, husband of deceased Dues (c) home at 2843 Accomac about 800 pm Nov 10 51</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 <u>Homicide</u> | | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT (Specify) <u>suicide</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo.</u> | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 10 51 8⁰⁰pm</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>E 981</u> | | | | |
| 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>8:00P</u> m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Patrick E. Rayler Coroner</u> | | | | 23b. ADDRESS <u>31300 Clark</u> | | 23c. DATE SIGNED <u>11.13.51.</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>11-14-51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran Cem</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>NOV 13 1951</u> | | REGISTRAR'S SIGNATURE <u>Earl Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Schumacher 3013 Meramec</u> | | | | |

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 *Jack Haupt*.....

Licensed Embalmer No. *4746*.....

P. O. Address *St Louis*.....

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.