

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38955

State File No. _____

FILED DEC 1 1951

1003

Registrar's No. 10097

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|--|--|---|---|--|------------------------|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. _____ | | State File No. _____ | | | |
| 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. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | 2239 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2843a Accomac | | | | d. STREET ADDRESS (If rural, give location) 2843a Accomac | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Robert | | | b. (Middle) A. | | c. (Last) Ellis | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 10 1951 | | |
| 5. SEX Male ✓ | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH July 12 1892 | | 9. AGE (In years last birthday) 59 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard Burnes | | 10b. KIND OF BUSINESS OR INDUSTRY Detective | | 11. BIRTHPLACE (State or foreign country) Ind. | | 12. CITIZEN OF WHAT COUNTRY? _____ | | | |
| 13a. FATHER'S NAME George Ellis | | | 13b. MOTHER'S MAIDEN NAME Mollie Hagen | | | 14. NAME OF HUSBAND OR WIFE Myrtle Ellis | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Thomas Gordon | | | | ADDRESS 2843a Accomac | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shotgun wound of skull and brain suffered when deceased shot self with shotgun in house ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 2843 Accomac after shooting Myrtle Ellis (wife) while suffering a temporary mental aberration about 800 pm | | | | | | INTERVAL BETWEEN ONSET AND DEATH and | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION Nov 10 1951 Suicide | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT (Specify) suicide | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) house | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 10 51 8:00 p.m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? E976X | | | | | |
| 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 8:00 p.m. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Patrick E. Taylor Coronor | | | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 11/13/51 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE II-14-51 | | 24c. NAME OF CEMETERY OR CREMATORY Trinity Lutheran Cem | | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | | | |
| DATE REC'D BY LOCAL REG. NOV 13 1951 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Schumacher 3013 Meramec | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

CORONER

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 Mo

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.