

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19355

State File No.

FILED JUN 10 1953

318

1003

5328

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's 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 OR TOWN St. Louis, Missouri)		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 13 days		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) 4520 Aldine	

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Monroe	c. (Last) Ellis	4. DATE OF DEATH (Month) (Day) (Year) May 21, 1953
-------------------------------------	------------------	--------------------	-----------------	--

5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married (Specify)	8. DATE OF BIRTH Oct. 3, 1919	9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months 7	IF UNDER 4 HRS. Days 16	IF UNDER 15 MIN. Min.
---------------	------------------------	---	-------------------------------	------------------------------------	--------------------------	-------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Super Can Co.	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	--	-------------------------------------

13a. FATHER'S NAME Jamison Ellis	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Bobbie Monroe
----------------------------------	-----------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Rosetta Malene	ADDRESS 4474 Cook
---	-------------------------	--	-------------------

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.	19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis, primary site undetermined		6 mos.
	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 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)
--	--	---

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? 1999
--	--	---------------------------------

22. I hereby certify that I attended the deceased from 5/8/53, 1953, to 5/21, 1953, that I last saw the deceased alive on 5/21, 1953, and that death occurred at 10:00P.m., from the causes and on the date stated above.

23a. SIGNATURE FR Bradley (Degree or title) M. D. U	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 5/22/53
---	------------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May 28-53	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) St. Louis County Mo
---	---------------------	--	---

DATE REC'D BY LOCAL REG. MAY 27 1953	REGISTRAR'S SIGNATURE J. Carl Smith MO	25. FUNERAL DIRECTOR'S SIGNATURE G. B. Lane	ADDRESS 1221 1/2 Grand
--------------------------------------	--	---	------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

ll

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.....
Signature of Student Embalmer

Signed *Gupton Swan*

Licensed Embalmer No... 43

P. O. Address... 1251 N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.