

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 24 1953

33155
State File No. _____
318
PRIMARY REG. DIST. NO. 1003
Registrar's No. 8593

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8593			
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 township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 1 hour		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2099			
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital,				d. STREET ADDRESS (If rural, give location) 9 5118 McKissock Avenue					
3. NAME OF DECEASED (Type or Print) a. (First) Kenneth		b. (Middle) W.		c. (Last) Ellington		4. DATE OF DEATH (Month) (Day) (Year) Sept. 2, 1953			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH May 11, 1927			
9. AGE (In years last birthday) 26		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pigment Weigher			10b. KIND OF BUSINESS OR INDUSTRY P.D. George Paint Co., St. Louis, Mo.			11. BIRTHPLACE (City and State or Foreign Country) U.S.A.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Harry D. Ellington		13b. MOTHER'S MAIDEN NAME Clara Dixon		14. NAME OF HUSBAND OR WIFE Single		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. (If yes, give war or date of service) Korean War 496-22-4309		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Clara Ellington, 5118 McKissock					
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) External hemorrhage following laceration of left femoral artery, suffered when deceased was run over by Wabash train operated by Leo Reich near McKissock and De Soto streets about 1:26 P.M. September 2, 1953 INTERCEDENT 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 Accident Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND 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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO Mo.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9/2/53 1:26 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? See above		E802X			
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 3:05 A.M. , from the causes and on the date stated above. 35									
23a. SIGNATURE (Degree or title) Patrick C. Taylor, Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 9.3.53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept. 5, 1953		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. SEP 3 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stock Mortuary, 2117 E. Grand Blvd.					

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Main

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.