

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33158**  
Registrar's No. **8544**

FILED SEP 24 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b><br>b. COUNTY |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br><b>Town St. Louis, Missouri</b>  |   | c. CITY OR TOWN<br><b>St. Louis</b>  | d. Is Residence within limits of a city of incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>St. Louis City Hospital</b>  |   | e. STREET ADDRESS (If rural, give location)<br><b>902 Hickory Street., 222 1/2</b>   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Sanford</b><br>b. (Middle) <b>Philip</b><br>c. (Last) <b>Ellison</b>  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Aug 26, 1953</b>   |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Never married</b>   | 8. DATE OF BIRTH<br><b>Apr 13, 1944</b>   |
| 9. AGE (In years last birthday)  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>None-Student</b> | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Jacksonville, Florida,</b>  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |
| 13a. FATHER'S NAME<br><b>Marvin Ray Ellison</b>  | 13b. MOTHER'S MAIDEN NAME<br><b>Bobbie Jones</b>  | 14. NAME OF HUSBAND OR WIFE<br><b>Nil</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, no. or unknown) (If yes, give war or dates of service)<br><b>No Nil</b>   | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Bobbie Gamms, 902 Hickory Street.,</b>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   |   |  |   |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*<br><b>Gunshot wound of the brain, suffered when shot gun was in the hands of juvenile.</b>  |   |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br><b>Accidentally discharged in lane at 812 Hickory St. about 145 pm Aug 28 1953</b>   |   |  |   |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION<br><b>Accident</b>   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><b>Accident</b>  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.)<br><b>Home</b>                         | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>St Louis Mo</b>  |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><b>Aug 28 53 10</b>   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>            | 21f. HOW DID INJURY OCCUR?<br><b>F9190</b>   |   |
| 22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above. |   |  |   |
| 23a. SIGNATURE<br><b>Patrick L Taylor</b>  |   | 23b. ADDRESS<br><b>1300 Clark</b>  | 23c. DATE SIGNED<br><b>9.2.53.</b>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  | 24b. DATE<br><b>8-31-53</b>   | 24c. NAME OF CEMETERY OR CREMATORY   | 24d. LOCATION (City, town, or county) (State)<br><b>Williston, Florida.</b>   |
| DATE REC'D BY LOCAL REG.<br><b>SEP 2 1953</b>  | REGISTRAR'S SIGNATURE<br><b>J Carl Smith</b>  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Albert H. Hoppe, 4700 Washington Blvd</b>   |   |

(Licensed Embalmer's Statement on Reverse Side)

---

---

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 *Robert M. Murray*.....

Licensed Embalmer No. *3749*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.