

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3375

State File No.

S. No. 300
V. 10.48

FILED FEB 9 1955

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>31</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give town(ship) OR TOWN <u>Richmond Hgts.</u>		c. LENGTH OF STAY (in this place) <u>10 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give town(ship) OR TOWN <u>Richmond Heights 4 48 5</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1405 Ranken Drive</u>				d. STREET ADDRESS (If rural, give location) <u>1405 Ranken Drive</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>H</u> c. (Last) <u>ELLIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 6 1955</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 2, 1888</u>		9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>4</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bricklayer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Scullin Steel</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Oaks, Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Henry Ellis</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Ella V. Ellis</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>494-09-5441</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ella V. Ellis 1405 Ranken Drive</u>				
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) <u>Myocardial infarction</u> ANTECEDENT CAUSES <u>Arterio sclerosis coronary arteries</u> DUE TO (b) <u>arteries</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>June 17, 1948</u> to <u>Jan. 6, 1955</u> , that I last saw the deceased alive on <u>Dec. 30, 1954</u> , and that death occurred at <u>11:50 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J. P. Beasley M.D.</u>				23b. ADDRESS <u>16 Hampton Village</u>		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 8 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>			
DATE RECD. BY LOCAL REG. <u>1/7/55</u>		REGISTRAR'S SIGNATURE <u>Walter B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. Boeklage 6536 Clayton Rd</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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Bess Hoffman

Licensed Embalmer No. 4366

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.