

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13286

State File No.

318

1003

Registrar's No. 3197

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.					
1. PLACE OF DEATH a. COUNTY None				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY none			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				STREET ADDRESS (If rural, give location) 10 4664 Labadie				21090			
3. NAME OF DECEASED (Type or Print) a. (First) Maude			b. (Middle)			c. (Last) Ellison					
4. DATE OF DEATH (Month) 4 (Day) 7 (Year) 55		5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Unknown abt. 1888			
9. AGE (In years last birthday) abt. 67		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours		Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook			10b. KIND OF BUSINESS OR INDUSTRY Domestic			11. BIRTHPLACE (City and State or Foreign Country) Artesia, Mississippi			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Edward Ellison			13b. MOTHER'S MAIDEN NAME Maude Giles			14. NAME OF HUSBAND OR WIFE Unavailable					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME Wilmer Anderson, 4664 LABADIE Ave.			ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease. Cerebral Thrombosis.						INTERVAL BETWEEN ONSET AND DEATH Undt.			
		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. Left Hemiplegia.									
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443X							
22. I hereby certify that I attended the deceased from 3-26- , 19 55 , to 4-7- , 19 55 , that I last saw the deceased alive on 4-7- , 19 55 , and that death occurred at 12:15a.m. , from the causes and on the date stated above.											
23a. SIGNATURE Edw. B. Williams, M.D.				(Degree or title)				23b. ADDRESS 2601 N. Whittier Street		23c. DATE SIGNED 4-7-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/11/55		24c. NAME OF CEMETERY OR CREMATORY Oak Dale Cemetery		24d. LOCATION (City, town, or county) (State) Lemay, Mo.					
DATE REC'D BY LOCAL REG. APR 11 1955		REGISTRAR'S SIGNATURE J. C. Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cunningham & Moore, Inc., 2405 Marcus Av						

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

(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.....
John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus A

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.