No. 300
10.46

FILED JUN 22 1955

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 20005

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4909

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 4705 Labodie

6 2069

**3. NAME OF DECEASED** (Type or Print)
a. (First): Verdis
b. (Middle):
c. (Last): Ellis

**4. DATE OF DEATH** (Month) June (Day) 3 (Year) 1955

**5. SEX** 2 Male
**6. COLOR OR RACE** Negro
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married
**8. DATE OF BIRTH** 28 July 1926
**9. AGE** (In years last birthday) 28 — 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): Laborer
**10b. KIND OF BUSINESS OR INDUSTRY**: not known
**11. BIRTHPLACE** (City and State or Foreign Country): Gallion La.
**12. CITIZEN OF WHAT COUNTRY?** U.S.

**13a. FATHER'S NAME**: Parrish Ellis
**13b. MOTHER'S MAIDEN NAME**: Leara King
**14. NAME OF HUSBAND OR WIFE**: Lucy Ellis

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): yes (If yes, give war or dates of service): World War II
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME**: Lucy Ellis ADDRESS: 4705 Labodie

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Arrest; while

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) undergoing operation

DUE TO (c) (Lobectomy) at Veteran's

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death* Hospital, June 3 1955

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** Accident
**20. AUTOPSY?** YES ☑ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify) Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) Hosp.
**21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** St Louis Mo.
**21d. TIME OF INJURY** (Month) June (Day) 3 (Year) 55 (Hour) ? m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** E955X

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 2:15 P m., from the causes and on the date stated above. 46

**23a. SIGNATURE** James M Kelly (Address of Corp.) Crd 3
**23b. ADDRESS** 1300 Clark
**23c. DATE SIGNED** 6-6-55

**24a. BURIAL, CREMATION, REMOVAL** (Specify) removal
**24b. DATE** 7 June 55
**24c. NAME OF CEMETERY OR CREMATORY**
**24d. LOCATION** (City, town, or county) Monroe (State) Louisanna

DATE REC'D BY LOCAL REG. JUN 6 1955
REGISTRAR'S SIGNATURE Carl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE** Reliable Funeral System ADDRESS 1221 N.Taylor
(Licensed Embalmer's Statement on Reverse Side)

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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Paul V. Freeman

Licensed Embalmer No. 468

P. O. Address 4719 Hamme

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.