

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23687**
Registrar's No. **6250**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospt.		d. STREET ADDRESS (If rural, give location) 26 2517 N. 10th st. 2269	

3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) H. c. (Last) Ellis			4. DATE OF DEATH (Month) (Day) (Year) 7/18/55		
5. SEX M	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 3 1884	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furrier		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) 0	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME Richard R. Ellis		13b. MOTHER'S MAIDEN NAME Rose McDermott		14. NAME OF HUSBAND OR WIFE Ellen (Murphy) Ellis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ellen Ellis 2517 N. 10th St.	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 6 hrs	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Virus Pneumonia			8 Days
	DUE TO (c) Cardiac Hypertrophy		?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 492x		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) m.		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 **6/15**, 19**55**, to **7/18**, 19**55** that I last saw the deceased alive on **7/17**, 19**55**, and that death occurred at **12:39 PM**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Carl E McElwain MD		22b. ADDRESS 4356 Wayne Ave		22c. DATE SIGNED 7/19/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/20/55		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert D. Kinealy 2228 St. Louis Ave			

DATE REC'D BY LOCAL REG. **III 19 1955** REGISTRAR'S SIGNATURE **Carl E McElwain MD** (Licensed Embalmer's Statement on Reverse Side)

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

7039 Wood.

Pa 5-0300

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 Ronald O Yahnke

Licensed Embalmer No. 3917

P. O. Address. St. Louis -

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.