

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35347

State File No. ....

FILED OCT 25 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 541 Registrar's No. 2378

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 township) <u>McClayton Mo.</u>	c. LENGTH OF STAY (In this place) <u>14 hrs</u>	c. CITY OR TOWN <u>Maryland Hgts</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>Rt. 2 Box 1001A.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u>	b. (Middle)	c. (Last) <u>Ellis</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 14, 1955</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>August 28, 1871</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTH PLACE (City and State or Foreign Country) <u>Niles Center, IL</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Ellis</u>	13b. MOTHER'S MAIDEN NAME <u>Clara (Unk)</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Keda Williams Maryland Hgts.</u>	ADDRESS <u>Maryland Hgts.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Concussion, Severe &amp; Severe brain stem damage</u>		
	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 <u>CONTUSION - HEMATOMA - LACERATION LT. forehead</u> Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E802X 35</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Rt. of Way</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>400 St. Louis MO.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 13, 1955 10A.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Struck by Train</u>
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22. I hereby certify that I attended the deceased from 10-13, 1955, to 10-14, 1955, that I last saw the deceased alive on 10-14, 1955, and that death occurred at 2:15A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jack L. Hagalom M.D.</u>	23b. ADDRESS <u>601 S. Brentwood, Clayton, Mo.</u>	23c. DATE SIGNED <u>10-14-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-19-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Musick Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Musick, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-19-55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Rombe</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Bates</u>	ADDRESS <u>4107 Journey Lane</u>
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56. (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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Arthur L. Hilliard*.....

Licensed Embalmer No. *422*.....

P. O. Address *4107 Fern*.....

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.