

STANDARD CERTIFICATE OF DEATH

6838

FILED MAR 11 1957

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 460

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>Jeff</u>	
b. CITY (If outside corporate limits, write RURAL, and give town) <u>Clayton</u>		c. CITY OR TOWN <u>Kimmswick</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 DAY</u>		e. STREET ADDRESS (If rural, give location) <u>RURAL ROUTE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis C. Hosp</u>			

3. NAME OF DECEASED a. (First) <u>ROBERT</u> b. (Middle) <u>FULTON</u> c. (Last) <u>ELLISON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 17 1957</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT 26 1893</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Med. Doctor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PHYSICIAN</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>WEST VIRGINIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>WILLIAM ELLISON</u>		13b. MOTHER'S MAIDEN NAME <u>MARY O'BRIEN</u>		14. NAME OF HUSBAND OR WIFE <u>Jennette Ellison</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WWI</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE AND NAME <u>JEANNETTE ELLISON</u> ADDRESS <u>Kimmswick Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage due to Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</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 Conditions contributing to the death but not related to the disease or condition causing death <u>Skull Fracture & Subdural Hematoma</u>		<u>1 day</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?

22. I hereby certify that I attended the deceased from 2-17 1957, to 2-17 1957, that I last saw the deceased alive on 2-17 1957, and that death occurred at 5:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert W. Blalock M.D.</u>	23b. ADDRESS <u>601 S. BRENTWOOD BLVD.</u>	23c. DATE SIGNED <u>2-18-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>FEB 17, 57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Belle Fontaine Cem</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>		

DATE REC'D BY LOCAL REG. <u>2-19-57</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombrowski</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Heiligtag Funeral Home Imperia, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 3 1957

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 W. Hurlington*

Licensed Embalmer No. *3872*

P. O. Address *Impresso*

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.