FILED JUL 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 022483
STATE FILE NUMBER 5865

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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, give TOWNSHIP only) OR TOWN ST. LOUIS — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST. LOUIS CITY HOSP.#1. — Length of stay in 1b 25	d. STREET ADDRESS (If outside, give location) 2311 Cherokee St. 2248 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First HARRY	Middle Walter	Last ELY	4. DATE OF DEATH Month JUNE Day 22 Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	8. DATE OF BIRTH Aug 29 1889	9. AGE (In years last birthday) 67 — 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) Paper Ruler	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Unknown Ely			14. MOTHER'S MAIDEN NAME Unknown Hardwick	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 488-10-7916	17. INFORMANT Vernal Ely	Address 10641 St. Phillip, St. Anns Vi.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) THROMBOSIS OF MIDDLE CEREBRAL ARTERY (old & recent).

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) CEREBRAL ARTERIOSCLEROSIS, advanced

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 332x

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ 1

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5/29/57 to 6/22/57 and last saw her/him alive on 6/22/57

Death occurred at 10:50 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edith S. Tingley M.D. (Degree or title)	22b. ADDRESS 1515 LAFAYETTE AVE.	22c. DATE SIGNED 6/24/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-26-57	23c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cem.	23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
24. FUNERAL DIRECTOR Witt Bros. L. & U. Co.	ADDRESS 2929 S Jefferson	25. DATE RECD. BY LOCAL REG. JUN 24 '57	26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. S.G.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Edgar F. Witt.

Licensed Embalmer No.....21

P. O. Address .....

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