No. 300
10.48

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007183
State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1757

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

1. PLACE OF DEATH
a. COUNTY ~~St. Louis City~~
b. CITY OR TOWN St. Louis Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY ~~City of St. Louis~~
c. CITY OR TOWN St. Louis Mo
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location) 6312 Wells Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Rose
b. (Middle) May
c. (Last) Ellis

4. DATE OF DEATH (Month) (Day) (Year) Feb. 12 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 5. 1884
9. AGE (In years last birthday) 73 | 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and State or Foreign Country) Moline, Ills.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Ryan
13b. MOTHER'S MAIDEN NAME Mellissa Mosher
14. NAME OF HUSBAND OR WIFE Edward J. Ellis

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. None
17. INFORMANT'S SIGNATURE OR NAME Edward J. Ellis **ADDRESS** 5312 Wells Ave.

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 must be the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture Left Femur — INTERVAL BETWEEN ONSET AND DEATH 1-13-58

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Myocarditis
DUE TO (c) Ulceration-Perforation Colon — E903.0

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Acute Peritonitis — 20

19a. DATE OF OPERATION Jan-16-1958
19b. MAJOR FINDINGS OF OPERATION Fracture Left Femur at Hip
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.) Home
21c. (CITY, TOWN, OR TOWNSHIP) St. Louis (COUNTY) (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan-13-58 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fall at Home

22. *I hereby certify that I attended the deceased from* Jan. 13, 1958, *to* Feb 12, 1958, *that I last saw the deceased alive on* Feb 12, 1958, *and that death occurred at* 1:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Joseph A. Leubbeck M.D. (Degree or title)
23b. ADDRESS 607 N. Grand Blvd
23c. DATE SIGNED Feb-13-58

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 2/14/58
24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cem.
24d. LOCATION (City, town, or county) St. Louis County, Mo. (State)

DATE REC'D BY LOCAL REG. FEB 14 58
REGISTRAR'S SIGNATURE Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral **ADDRESS** 1905 Union Blvd.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Albert R. Thompson Jr.

Licensed Embalmer No. 4[illegible]

P. O. Address [illegible]

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