

Health,  
Welfare  
Public  
Service

FILED SEP 29 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-034895

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2449

300  
1-57

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, give TOWNSHIP only) OR TOWN <u>CLAYTON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>BRENTWOOD 45110</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. Louis Co Hosp.</u>		Length of stay in 1b <u>P.O.A</u>	d. STREET ADDRESS (If outside, give location) <u>8922 LAWN AVE</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>VIVIAN</u> Middle <u>LORENE</u> Last <u>ELLIS</u>			4. DATE OF DEATH Month <u>9</u> Day <u>22</u> Year <u>58</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH-27-1911</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (City and state or country) <u>SALEM MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>LAWSON L. LAY</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN GABLIN</u>	14. NAME OF HUSBAND OR WIFE <u>ROY DONALD ELLIS</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>UNKNOWN</u>	17. INFORMANT <u>JOANN GRIFFIN-8433-JANUARY.</u>	Address <u>BERKLEY</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Compression of the chest and the abdomen with hemorrhage into the chest and the abdomen</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Passenger in car which was being operated by her husband and was struck from the rear by another car involved in a "drag" race</u>
20c. TIME OF INJURY Hour <u>8:25</u> Month <u>SEP.</u> Day <u>9</u> Year <u>22/58</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway</u>	20f. CITY, TOWN, OR LOCATION <u>Ladue St. Louis Mo.</u>

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Jaymont L. Davis</u> 3 Coroner	22b. ADDRESS <u>Clayton, Mo.</u>	22c. DATE SIGNED <u>9/24/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Sept-25-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Co Mo</u>
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24. FUNERAL DIRECTOR <u>JAY. B. SMITH. MAPLEWOOD 17 MO</u>	25. DATE RECD. BY LOCAL REG. <u>9-23-58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 ..... *M. P. Burgess* .....

Licensed Embalmer No. *4029* .....

P. O. Address... *Maplewood* .....

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.

FILED SEP 29 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-034895

STATE FILE NUMBER

Registration District No

317

Primary Registration District No

541

Registrar's No.

2449

1. PLACE OF DEATH COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>ST. LOUIS</b>	
3. CITY OR TOWN (For sole corporate limits, give TOWNSHIP only) OR TOWN <b>CHAYTON</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>BRENTWOOD 45110</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
4. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LOUIS CO HOSP</b>		d. STREET ADDRESS (If outside, give location) <b>8922 LAWN AVE</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
5. NAME OF DECEASED Type of Deceased: First <b>VIVIAN</b> Middle <b>LORENE</b> Last <b>ELLIS</b>		6. DATE OF DEATH Month <b>9</b> Day <b>22</b> Year <b>58</b>	
7. SEX <b>F</b>	8. COLOR OR RACE <b>W</b>	9. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	10. DATE OF BIRTH <b>MARCH 27 1909</b> <b>MARCH 27 1909</b>
11. HOUSEWIFE		12. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>	13. BIRTHPLACE (City and state or country) <b>SALEM MO</b>
14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		15. NAME OF FATHER'S NAME <b>LAWSON L. LAY</b>	
16. MOTHER'S MAIDEN NAME <b>UNKNOWN GABLIN</b>		17. NAME OF HUSBAND OR WIFE <b>ROY DONALD ELLIS</b>	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? <b>NO</b>		19. SOCIAL SECURITY NO. <b>UNKNOWN</b>	
20. INFORMANT <b>JOANN GRIFFIN - 8433 - JANUARY</b>		21. ADDRESS <b>BERKELEY</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), or (c)) PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): <b>Compression of the chest and the abdomen with hemorrhage into the chest and the abdomen</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last			
DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
20a. ACCIDENT SUICIDE HOMICIDE <b>Homicide</b>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Passenger in car which was being operated by her husband and was struck from the rear by another car involved in a "drag" race</b>	
20c. TIME OF INJURY <b>8:25 PM 9/22/58</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>highway</b>	
20e. CITY, TOWN, OR LOCATION <b>Ladue</b>		20f. COUNTY STATE <b>St. Louis Mo.</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Jay B. Smith</b> 3 <b>Coroner</b>		22b. ADDRESS <b>Clayton, Mo.</b>	
22c. DATE SIGNED <b>9/24/58</b>			
23a. BURIAL CREATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>Sept. 25-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cem.</b>		23d. LOCATION (City, town, or country) (State) <b>ST. LOUIS Co Mo</b>	
24. FUNERAL DIRECTOR <b>JAY B. SMITH - Maplewood 17 Mo</b>		25. DATE RECD. BY LOCAL REG. <b>9-23-58</b>	
26. REGISTRAR'S SIGNATURE <b>Herbert R. Dombke M.D.</b>			

Items 8, 9 amended by affidavit of funeral home 03-28-03 mjd  
USE ONLY BLACK INK OR REDDISH PINK IF POSSIBLE

MEDICAL CERTIFICATION

