

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010882

STATE FILE NUMBER

Registrar's **2 2533**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** 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 (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **Homer G. Phillips** Length of stay in lb _____

d. STREET ADDRESS (If outside, give location) **3533 Marcus** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **James** Middle _____ Last **Ellis**

4. DATE OF DEATH Month **3** Day **2** Year **59**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH **3-2-59** 9. AGE (In years last birthday) IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours **5** Min. **30**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ 10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and state or country) **Saint Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA.**

13a. FATHER'S NAME **Charles Ellis** 13b. MOTHER'S MAIDEN NAME **Ernestine Ginger** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT **May D. Jett, R.R. 1** Address **2601 N. Whittier**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Premature birth, Neonatal death** 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) **760.5**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Brain, subarachnoid hemorrhage, Congenital atelectasis** 19. WAS AUTOPSY PERFORMED? YES NO

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 _____ Month, Day, Year _____ a.m. _____ p.m. _____

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 **3-2-59** to **3-2-59** and last saw **him** alive on **3-2-59**
Death occurred at **9:00 A.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Robert D. Smith, M. D.** (Degree or title) 22b. ADDRESS **2601 N. Whittier** 22c. DATE SIGNED **3-5-59**

23a. BURIAL, CREMATION, REMOVAL (Specify) _____ 23b. DATE **3-31-59** 23c. NAME OF CEMETERY OR CREMATORY **Anatomical Board** 23d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

24. FUNERAL DIRECTOR **Rowland Aker 4104 Manchester** ADDRESS _____ 25. DATE RECD. BY LOCAL REG. **MAR 12 59** 26. REGISTRAR'S SIGNATURE **Robert D. Smith, M. D.**

(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.

300
1-57

7

Health, Welfare, Public Service

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

Licensed Embalmer No.....

P. O. Address.....

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.