

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1103
 City St. Louis (No. St. Louis) City of St. Louis File No. 11748
 Registered No. 2979 Ward

2. FULL NAME

Sadie Ellis
 (a) Residence. No. 1107 Lafayette Ave. St. 23 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Ellis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July-9-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 9 27

8. OCCUPATION OF DECEASED 2:0
 (a) Trade, profession, or particular kind of work Seamswoman
 (b) General nature of industry, business, or establishment in which employed (or employer) Security Bldg
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Frankfort, Ky.
 (STATE OR COUNTRY)

10. NAME OF FATHER Mussum

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 31
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER 11

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 6
 (STATE OR COUNTRY)

14. INFORMANT Robert Ellis
 (Address) 1107 Lafayette Ave. St.

15. FILED 1931 Mar 31 W. J. Miller REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 6 1931
 17. No. Physician attended
 I HEREBY CERTIFY, That I attended deceased from

that I last saw h..... alive on..... 19....., and that death occurred on the date stated above, at 9:30 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Myocarditis
Chronic Endocarditis
92A (duration) yrs. mos. ds.
92B

CONTRIBUTORY (SECONDARY) 92C (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) W. J. Miller M. D.

3/7, 1931 (Address) 1107 Lafayette Ave. St.

*State the DISEASE CAUSING DEATH or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine Cemetery DATE OF BURIAL Mar 9 1931

20. UNDERTAKER Peltz Bros ADDRESS 3029 Lafayette Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

