

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

Do not use this space.

37512

1. PLACE OF DEATH

County _____ Registration District No. _____
 Township _____ Primary Registration District No. _____
 City St. Louis Mo (No. City Hospital # 2) St. _____ Ward _____

File No. _____
 Registered No. 10184
 St. _____ Ward _____

2. FULL NAME

Laurence Ellis
 (a) Residence, No. 2107 Market St., 21 Ward.

Length of residence in city or town where death occurred 31 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 Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-11-1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
31 5 2

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labourer 237
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massouri

FATHER
 13. NAME Geo Ellis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massachusetts

MOTHER
 15. MAIDEN NAME Clara Washington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massouri

17. INFORMANT (ADDRESS) A Gertrude Leath # 2 City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE, Greenwood DATE 11/18 1932

19. UNDERTAKER (ADDRESS) C. W. Roberts 30305 Luta Ave

20. FILED NOV 18 1932 City Hospital # 2

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-13-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-12-1932, to 11-13-1932

I last saw h. male alive on 11-13-1932 Death is said to have occurred on the date stated above, at 4:48 m.

The principal cause of death and related causes of importance were as follows:
178

Date of onset _____
Acute pancreatitis 2 days
 Other contributory causes of importance:
178
Asphyxiation

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1932

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) W. J. Estampary, M. D.
 (Address) City Hospital # 2

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.

