WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

JUN 19 1934

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

Do not use this space.

791
1008

18061
4489

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME Elmer Ellis

(a) Residence, No. ..... St., NR Ward. Festus Mo
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

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) Jan-9-1891

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
43	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

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) Ohio

FATHER

13. NAME Harry G Ellis

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

MOTHER

15. MAIDEN NAME Anna Wallirgen

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

17. INFORMANT (ADDRESS) Sister Loew Deaconess Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Festus Mo DATE 5-4 1934

19. UNDERTAKER (ADDRESS) Albert H Hoppe Inc. 429 N. Euclid Ave.

20. FILED MAY -2 1934 J F Bredeck

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1934, to May 1, 1934

I last saw him alive on ....., 19 ..... Death is said to have occurred on the date stated above, at 10:30 P. m.

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

	Date of onset
General Peritonitis	4/28/34
121B	
129	

Other contributory causes of importance:

Acute Appendicitis	4/27/34

Name of operation Appendectomy Date of Apr 28/34

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

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? no

If so, specify .....

(Signed) John D Haynard, M. D.

(Address) 308 N Grand St Louis Mo