

REC'D APR 11 1938

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH 791

9074  
Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. 1003  
 (b) Township ..... Primary Registration District No. .... Registered No. 2663  
 (c) City St. Louis (d) Street No. City Hospital # 2 St. ....  
 (If death occurred in hospital or institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Fredrick ELLIS 420  
 (a) Residence, No. 1718 Glasgow St. 20 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## 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) 2/23/38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. min.  
2 Mo. 23 days

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
 9. Industry or business in which work was done, as 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) St. Louis (STATE OR COUNTRY) Mo

13. NAME James Ellis

14. BIRTHPLACE (CITY OR TOWN) Miss (STATE OR COUNTRY) Mo

15. MAIDEN NAME Frances Williams

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

17. INFORMANT (ADDRESS) James Ellis  
1718 Glasgow

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 3-1 1938

19. FUNERAL DIRECTOR (ADDRESS) W. Bachtel - 3500 Dutcher St  
Colonial Wood

20. FILE NO. 1718 Glasgow J. B. Bredish Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/23 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw him ..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11:40 a.m.

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

Spontaneous Abortion  
cause unknown  
Still Born

Other contributory causes of importance: ✓

Name of operation ..... Date of ..... ✓

What test confirmed diagnosis? ✓ 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 See above

Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Joseph M. Quinn

(Signed) Joseph M. Quinn, M.D.

(Address) Deputy Colonel

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
.....L. E. ....  
No..... or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**