REC'D APR 12 1939

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

8270
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 2035

(c) or City of St. Louis (d) Street No. 2750 Russell 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 420 Frances Fern Ellis

(a) Residence, No. 2750 Russell St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Pete Ellis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	26	4	4	

OCCUPATION

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

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) Marston (STATE OR COUNTRY) Missouri 0

FATHER

13. NAME Clifford Brown 1

14. BIRTHPLACE (CITY OR TOWN) Wayne City (STATE OR COUNTRY) Illinois 1

MOTHER

15. MAIDEN NAME Anna Akin

16. BIRTHPLACE (CITY OR TOWN) Parrish (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. Anna Brown
(ADDRESS) 2750 Russell

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE New St. Marcus Cem. in DATE 3/4/39 19

19. FUNERAL DIRECTOR (NAME) A. W. McLaughlin
(ADDRESS) 2301 Lafayette Avenue

20. FILED MAR 6 1939 19 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-1- 1939

22. I HEREBY CERTIFY, That I attended deceased from April-10- 1937, to Mar. 1- 1939

I last saw h. alive on 3-1- 1939. Death is said to have occurred on the date stated above, at 6.55 p.m.

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

	Date of onset
For Advanced Pulmonary Tuberculosis	Aug 1936
Other contributory causes of importance: Pulmonary Hemorrhage	3-1-39

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

What test confirmed diagnosis? X-Ray & Sputum 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? .....

If so, specify .....

(Signed) Chas. S. Rosen, M. D.

(Address) 408 Humphrey Bldg St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3 6 B3

P. O. Address 2317 Fayet

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.