MAR 15 1939 REC'D APR 7 1939

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

12269
Do not use this space.

16

1. PLACE OF DEATH

(a) County St. Louis, 2 Registration District No. 784

(b) Township ~~Clayton~~ Primary Registration District No. 107 Registered No. 468

(c) or City Ladue Village 1 (d) Street No. # 38 Fair Oaks 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 OLIVER E. ELLIS.

(a) Residence, No. # 38 Fair Oaks, St. (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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12th 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	46	9	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Security Broker
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) (STATE OR COUNTRY) Salem, Missouri

FATHER
13. NAME John Ellis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Mary Downing.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Claude C. Ellis. 1920 Waterman,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak grove Cem DATE 3/16/39 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C.R.Lupton & Sons. 7233 Delmar, Blvd., University City

20. FILED MAR 15 1939 19 T.R. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2.25PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by liquid poison (nikoteen--1 oz)	3/13/39

Other contributory causes of importance: 163

Name of operation ..... Date of .....
What test confirmed diagnosis? physical signs Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suidide Date of injury 3/13/39 19
Where did injury occur? Ladue, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
home
Manner of injury took liquid poison
Nature of injury nicotine poisoning.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John O'Connell M. D.
Coron Coroner of St. Louis County Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-9-1938 I X16605

OCT 2 3 1941

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~~ Bradford A. Miles, Registered Apprentice No. ....., working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St Louis Mo

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.)

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