

REGD OCT 14 1939
Registration District No. 791
1000

Primary Registration District No.

Registrar's No.

8365

1. PLACE OF DEATH:

(a) County 1
 (b) City or town Saint Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G. Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 (Specify whether years, months or days)

8. (a) PRINT FULL NAME Frederick Ellis 421

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Nadine Ellis 6. (c) Age of husband or wife if alive 40 years7. Birth date of deceased April 15, 1875
(Month) (Day) (Year)8. AGE: Years 64 Months 5 Days 13 If less than one day hr. min.9. Birthplace Pattonville, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Laborer11. Industry or business Common12. Name Hampton Ellis18. Birthplace Unavailable, No. Carolina
(City, town, or county) (State or foreign country)14. Maiden name Sarah Smith15. Birthplace Unavailable, Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Nadine Ellis(b) Address 4228 San Francisco Avenue17. (a) Burial (b) Date thereof 10/3/1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Washington Park18. (a) Signature of funeral director Charles J. Gates(b) Address 4107 Finney Avenue19. (a) SEP 29 1939 (b) J. P. Fredrick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
 (c) City or town St. Louis 10
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4228 San Francisco
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28
year 1939 hour 10 minute 55 p. M.21. I hereby certify that I attended the deceased from 9/21/39
_____, 19____, to 9/28/39, 19____;
that I last saw him alive on 9/28/39, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Bronchopneumonia Duration 5 daysDue to --Due to --Other conditions Arteriosclerosis 1 yr.
(Include pregnancy within 3 months of death)Major findings: Of operations -- PHYSICIAN _____Of autopsy --

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

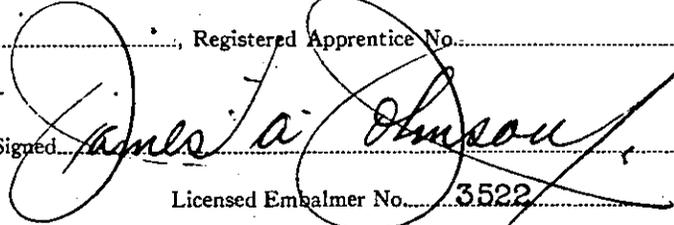
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. J. Lyman (M. D. Registrar)
Address 2601 N. Whittier Date signed 9/29/39

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.....
..... James A. Johnson, Registered Apprentice No.....
working under my personal supervision.

Signed..... 

Licensed Embalmer No..... 3522

P. O. Address 4107 Finney Avenue

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.