

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9436
Registrar's No. 2919

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Central Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days.
(Specify whether
In this community 20 Years.
years, months or days)

3. (a) PRINT FULL NAME Laura J. Ellis.

3. (b) If veteran, name was None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Ellis. 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Unknown. 1882.
(Month) (Day) (Year)

8. AGE: Years abt 58 Months Unknown Days Unknown If less than one day hr. min.

9. Birthplace Pennsylvania.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

MOTHER FATHER { 12. Name Charles De Reamer.
13. Birthplace Pa.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Maria Unknown.
15. Birthplace Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant William Ellis
(b) Address 5636 Cabanne Ave.

17. (a) Burial (b) Date thereof Mar. 30, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parish Hill

18. (a) Signature of funeral director Arthur J. Honnelly
3840 Lindell Blvd.

(b) Address
19. (a) Mar 29 1940 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

*2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 5636 Cabanne Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th.
year 1940 hour 2. minute 45 P.M.

21. I hereby certify that I attended the deceased from 3-20, 1940, to 3-28, 1940
that I last saw her alive on 3-28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Descending Colon
Duration Indefinite

Due to HO
Due to HO
Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of Descending Colon
Of operations None
Of autopsy None

PHYSICIAN
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 John P. Hayward (M. D. or other)
Address Metropolitan Bldg Date signed 3/29/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. J. B. Hayward
JUL-1936

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 W. H. Van Matre
Licensed Embalmer No. 2825
P. O. Address 4340 Lafayette

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.