

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

9125
2535

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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: Mo. Baptist Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Edward Ellis

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

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

6. (b) Name of husband or wife Maud Ellis 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Nov. 8 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Edward Ellis, B.F.

13. Birthplace Rolla Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Rolla Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Maud Ellis

(b) Address Perry, Mo.

17. (a) Removal (b) Date thereof 3/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perry, Mo.

18. (a) Signature of funeral director Clifford Weese

(b) Address Perry, Mo.

19. (a) MAR 21 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 20
year 1941 hour 1 minute 10 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to Mar. 20 41,
that I last saw him alive on Mar 19 41,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis (?) Duration 11 hrs

Due to Rheum. Heart Disease ?

Mitral Stenosis + Regurg ?

Due to Chr. Infect. Arth. Arthritis ?

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 [Signature] (M. D. _____)

Address [Signature] Date signed 3/20/41

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.

Re: [unclear]

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.....

John W. Miller

Licensed Embalmer No. 3880

P. O. Address.....

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.