

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16871
Registrar's No. 4389

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:
4355 Washington Blvd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CO
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 577
(d) Street No. 5943 Washington Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Alexander Ellis

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife Frances Ellis 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased June 1st, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 11 22 hr. _____ min.

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

10. Usual occupation Funeral Director

11. Industry or business _____

MOTHER FATHER { 12. Name Marcella Ellis

13. Birthplace Penna.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

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

(b) Address 5943 Washington

17. (a) Burial (b) Date thereof 5-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Herman Rudolph

(b) Address 5216 Delmore Blvd

19. (a) MAY 25 1941 (b) J. H. Rudolph
(Date recorded) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd
year 1941 hour 6:33 minute _____ P. _____ M.

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

Immediate cause of death Gunshot wound in chest, self inflicted in the basement at 4355 Washington Blvd., on May 23rd, 1941, at about 6:33 P.M.

Due to _____
Due to _____
Other conditions Heart
(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) Suicide

(b) Date of occurrence May 23rd, 1941

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) If injury occur in or about home, on farm, in industrial place, in public place?
19 In industrial place
(Specify type of place)

While at work? _____ (e) Means of injury suicide

23. Signature James J. Rudolph (M. D. or other) _____

Address _____ Date signed _____

WHILE I REMAIN IN USE CONTAINING BLACK INK MAKE 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.

1 X1951

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 Howard F. Paulson

Licensed Embalmer No. 3114

P. O. Address Shawnee, 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.