

Form No. 2
M-9-4-41
v. 5-17-39
I X29484

18959

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 284

Primary Registration District No. 125

Registrar's No. 1120

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
800 Leland Ave.
(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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town University City
(If outside city or town limits, write "RURAL")
 (d) Street No. 800 Leland Ave.
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Ben Ellman
 3. (b) If veteran, name war.....
 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 21
 year 1942 hour 5:00 minute A. M.
 21. I hereby certify that I attended the deceased from several years
, 19....., to....., 19.....
 that I last saw him alive on May 20, 1942
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lillie Ellman
 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased: Sept. 23 1877
(Month) (Day) (Year)

Immediate cause of death
Coronary occlusion
 Due to arterio-sclerosis
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
64 7 28 hr. min.

Major findings:
 Of operations.....
 Of autopsy.....
 PHYSICIAN

 Underline the cause to which death should be charged statistically.

9. Birthplace Russia
(City, town, or county) (State or foreign country)
 10. Usual occupation Insurance Broker

MOTHER FATHER

11. Industry or business.....
 12. Name Louis Ellman
 13. Birthplace Russia
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah
 15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillie Ellman
 (b) Address 800 Leland Ave.
 17. (a) Burial (b) Date thereof 5-24-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Chesed Shel Emeth Cem.

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?

(Specify type of place)
 While at work.....
(b) Means of injury
 23. Signature Sarason Weisner (M. D. or other).....
 Address 110 S. Fletcher Bldg Date signed 5-21-42

18. (a) Signature of funeral director H. Rindoff
 (b) Address 5216 Delmar Blvd.
 19. (a) MAY 22 1942 (b) C. D. Mc Lamm
(Date received local register) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

96
53

- 353
6/42

MAY 2 1916

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 *Chas. W. Cooper*
Licensed Embalmer No. *38130*
P. O. Address *5216 Delmar*

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, fact should be so stated above.

2001 S. V. 16