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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

28689

State File No. 7632

Registrar's No.

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

(c) City or town ~~St. Louis~~ Pine Lawn N R
(If outside city or town limits, write "RURAL")

(d) Street No. 6916 Natural Bridge
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Tillie Ann Ellis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Chas F.

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Feb. (Month) 15 (Day) 1893 (Year)

8. AGE:

Years	Months	Days	If less than one day
49	6	25	hr. min.

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

10. Usual occupation At. Home

11. Industry or business --

FATHER
12. Name Christ Stuckenschneider
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Chas. F. Ellis
(b) Address 6916 Natural Bridge

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. (Month) 14 (Day), 1942 (Year)
(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Beiderwieden F. Home Inc.
(b) Address 1936 St. Louis Ave.

19. (a) SEP 14 1942 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 year 1942 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from September 2, 1942, to September 10, 1942 that I last saw her alive on September 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	5 days
Vesicovaginal fistula	3 mos
Due to Hydronephrosis + hydroureters	1 wk
Due to Ca of Cervix with metastasis to pelvic organs	3 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Ca of Cervix c̄ metast. Vesicovag. fistula
Of autopsy Hydronephrosis + hydroureters, etc.

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

23. Signature Chas E. Lockhart (M. D. or other)
Address BARNES HOSPITAL Date signed 9/11/42

(Licensed Embalmer's Statement on Reverse Side)

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.....Felix J. Krispin

Licensed Embalmer No.....3497

P. O. Address.....1936 St Louis

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.