

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County .....  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo. 6 days  
(Specify whether  
In this community 15 years  
years, months or days)

3. (a) PRINT FULL NAME John Ellison

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

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married, divorced, single  
6. (b) Name of husband or wife not known 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased not known  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 ? ? hr. min.

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

10. Usual occupation Labor

11. Industry or business

MOTHER FATHER { 12. Name unknown  
13. Birthplace unknown 9  
(State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Carrie Scott  
(b) Address 2323 a Market St

17. (a) Shipped (b) Date thereof June 18, 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Birmingham Alabama

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address 215 So. Jefferson ave

19. (a) JUN 17 1943 (b) J. F. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 13  
(c) City or town St. Louis, 921  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2323 e Market  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13,  
year 1943 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from May  
7, 19 43 to June 13, 19 43  
that I last saw h. im alive on June 13, 19 43  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma (colloid) of splenic flexure of colon Duration 5 years  
Resection of Tumor 6 days

Due to .....  
Due to .....  
Other conditions H/O  
(Include pregnancy within 3 months of death)

Major findings: H/O  
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 C. R. Merry (M. D. 0)  
Address 2601 W. [Signature] Date signed 6/14/43

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STATEMENT BY LICENSED EMBALMER

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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.....

*J. J. Patton*

02002

Licensed Embalmer No. *2698*

02002 P.O. Address

*2769 Chouteau*

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.