No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI 1003

STANDARD CERTIFICATE OF DEATH

318

FILED FEB 11 1944

Registration District No. _____ Primary Registration District No. _____

State File No. 274

Registrar's No. 991

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

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:
En Route to City Hospital #1 3
(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: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis 923
(If outside city or town limits, write "RURAL")

(d) Street No. 1845 Menard St
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME John Ellsworth

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

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

6. (b) Name of husband or wife Frieda Ellsworth 6. (c) Age of husband or wife if alive ?? years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	59			hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Danches Brothers

FATHER
12. Name David Ellworth
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Harold Ellsworth
(b) Address 1606 Picker St

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-31-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Malden, Missouri

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) JAN 31 1944 (Date received local registrar) (b) J. F. Bulock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30th day January year 1944 hour 6:00 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 Ruptured Coronary Artery in left Ventricle

Due to _____

Due to 94

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

Major findings:
Of operations _____
Of autopsy _____

Duration

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 2

23. Signature Thomas F. Callaven (M. D. or other)
Address Deputy Coroner Date signed 1-31-44

(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 Frank I. Queen

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.