

FILED MAR 28 1945

318

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. 2593

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(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 G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether years, months or days)  
In this community 7 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 2420 a N. Taylor 11  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Harold Ellis

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Irene Ellis 6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased Oct. 7 1906  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
38 5 12 hr. min.

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

10. Usual occupation Weigher

11. Industry or business General Cable Corp.

MOTHER FATHER

12. Name Frank B. Ellis  
13. Birthplace Alton, Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Millie Townsend  
15. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Irene Ellis  
(b) Address 2420a N. Taylor Ave.  
17. (a) Burial (b) Date thereof Mar. 22 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Music Cemetery

18. (a) Signature of funeral director Russell Undt. Co.

(b) Address 2732 Pine St.

19. (a) MAR 21 1945 (Date received local registrar) J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19, year 1945 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from March 15, 1945 to March 19, 1945; that I last saw him alive on March 19, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Hypertension Duration Unk.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 102

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) \_\_\_\_\_  
(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 J. F. Murphy (M. D. or other) \_\_\_\_\_

Address 301 W. 11th St. Date signed 3/20/45

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

**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 Jaal Russell  
Licensed Embalmer No. 4112  
P. O. Address St. Louis 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, fact should be so stated above.**