

S. No. 2
M-543
7-5-17-39
I X36671

FILED MAY 3 1945 818

Registration District No. Primary Registration District No. 1003

Registrar's No. 3568

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:
City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 days
(Specify whether years, months or days)

In this community 60 years

3. (a) PRINT FULL NAME DEBORAH ELLIS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced 2 W

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

7. Birth date of deceased March 6 1852
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>93</u>	<u>1</u>	<u>15</u>	hr. _____ min.

9. Birthplace Yorkshire England 4
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER, FATHER {

12. Name Welborn

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant George Ellis

(b) Address 4033 S Grand

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23 '45
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Beiderwieden F H Inc

(b) Address 1936 St. Louis Avenue

19. (a) APR 23 1945 (Date received local registrar) J. F. Bedeck (Registrar's signature)

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")

(d) Street No. 4033 S Grand
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1945 hour 1:10 minute _____ P. M.

21. I hereby certify that I attended the deceased from 4-18-45
_____, 19____, to 4-21-45, 19____;

that I last saw h. er alive on 4-21-45, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis
Heart Disease

Due to _____

Due to _____

Other conditions Generalized Arterio Sclerosis
(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:

(c) 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 Edward Cybrinski (M. D. or other)
Address 1515 Lafayette Date signed 4-21-45

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 *Glen W. Hat*
.....
Licensed Embalmer No. *3737*
P. O. Address *1936 St. Louis Ave*

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.