

**FILED** 057 22 1945  
Registration District No. **3772**

Primary Registration District No. **3063**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hrs 40 min.  
(Specify whether years, months or days)

In this community 18 years

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")

(d) Street No. 10 Newport Avenue  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN 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 Naomi A. Shaw 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased June 22 1885  
(Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Johnson City Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Pastor

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Nelce Ellis

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

14. Maiden name Unknown

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

16. (a) Informant Naomi A. Ellis

(b) Address 10 Newport Avenue

17. (a) Burial (b) Date thereof 10-16-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director J. C. Lewis

(b) Address 22 Euclid Webster Groves

19. (a) 10-13-45 (b) E. J. McDaniel  
(Date received local registrar) (Registrar Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12th  
year 1945 hour Six minute 30 AM.

21. I hereby certify that I attended the deceased from October 11 1945 to October 12 1945  
that I last saw him alive on October 12th 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death hypertensive heart disease  
*During the last 24 hours of life*

Due to prob. essential hypertension & arteriosclerosis

Due to 93d

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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 Donald O. Burt (M. D. or other) MD  
Address 601 Brentwood Clayton Date signed 10-13-45

002  
Jc Lewis

112-

**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 Jc Lewis

Licensed Embalmer No. 2027

P. O. Address Shelton Grove

**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.

10 5 8 24-11-01