

U.S. No. 2  
FORM-5-43  
REV. 5-17-39  
I X36571

**FILED MAY 2 1946**  
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 St. Louis

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

(c) Name of hospital or institution 902 Elliot St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Sixty Years  
(Specify whether years, months or days)

In this community Sixty Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ellis Adley

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased January 26, 1880  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	<u>0</u>	<u>0</u>	hr. _____ min. _____

9. Birthplace ? Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

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

MOTHER FATHER { 12. Name Mose Adley

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

14. Maiden name Unknown

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

16. (a) Informant Melvina Jones

(b) Address 1529 Carr St.

17. (a) Burial St. Peters Cemetery  
(Burial, cremation, or removal)

(b) Date thereof 5-2-46  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Dement and Son

(b) Address 2629-31 Cole St.

19. (a) APP 26 1946  
(Date received local registrar)

J. F. Bredeen  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 600

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

(d) Street No. 902 Elliot St.  
(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 26  
year 1946 hour 3:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from March 20<sup>th</sup> 1946 to April 17, 1946  
that I last saw him alive on April 17, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation  
Duration \_\_\_\_\_

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

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

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

Major findings: None

Of operations \_\_\_\_\_

Of autopsy None

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 Geo. Williams (M. D. or other) \_\_\_\_\_  
Address 2617<sup>th</sup> Franklin Ave. Date signed 4-26-46

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**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.....

*W. Claude Gordon*

Licensed Embalmer No.....

*3489*

P. O. Address.....

*4575 Aldine*

**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.**