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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6230

Registrar's No. 1275

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:
4159 Laclede Ave.
(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:

(a) State Missouri (b) County

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

(d) Street No. 4159 Laclede Ave.
(If rural, give location)

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

If yes, name country

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3. (a) PRINT FULL NAME Charles Ellis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Minnie Weber Ellis

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

7. Birth date of deceased 11 (Month) 3 (Day) 1866 (Year)

8. AGE: Years 80 Months 3 Days 3 If less than one day hr. min.

9. Birthplace Warren County (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Veterinarian

11. Industry or business

FATHER
12. Name Seth Ellis
13. Birthplace unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Herbert W. Ellis
(b) Address 5018 Miami

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/8/47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) FEB 7 - 1947 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 6 year 1947 hour 2 minute P M.

21. I hereby certify that I attended the deceased from 2/2/47, 19, to 2/6/47, 19; that I last saw him alive on 2/6/47, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	1947 plus
Due to: Arterio-Sclerosis	1947 +
Due to: Senility	1947 +
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Herbert W. Ellis (M. D. or other)
Address 5203 Chippewa St. Date signed 2/7/47

(Licensed Embalmer's Statement on Reverse Side)

52052 Chippewa

NOV 1 1949

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 Albert R. Thompson Jr

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.