

V. S. No. 2
100M-5-43
Rev. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40498**
Registrar's No. **2518**

FILED DEC 12 1947
Registration District No. **577**

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Elmwood Park**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute-St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Abraham Ellis**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June 20, 1900**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 **4** **18** hr. min.

9. Birthplace **Chesterfield, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

12. Name **Joseph Ellis**

13. Birthplace **Cook Co. Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Isabell Ball**

15. Birthplace **Chesterfield, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Viola Mitchell**

(b) Address **Elmwood Park, Mo.**

17. (a) **Burial** (b) Date thereof **11-14-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chesterfield, Mo.**

18. (a) Signature of funeral director **Chas. J. Gates**

(b) Address **4107 Finney Avenue**

19. (a) **12-4-47** (b) **Carroll J. Hupp**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Elmwood Park**
(If outside city or town limits, write "RURAL")
(d) Street No. **Meeks Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **8**
year **1947** hour **7** minute **30 P.M.**
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Unknown
Due to _____
Due to **III**
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **Congestion & edema of lungs**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

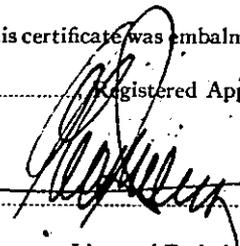
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
Signature **Carroll J. Hupp**
Address **Commissioner of Health** Date signed _____
St. Louis Co.

FILED 10 1947

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.....
..... John K. Cunningham Registered Apprentice No. 452
working under my personal supervision.

Signed..... 
..... Licensed Embalmer No. 1825

P. O. Address..... 4107 Finney Avenue

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.