

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39997

318

1003

Registrar's No. 3076

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis			c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give township) 4556 Tholozan				
d. FULL NAME OF HOSPITAL OR INSTITUTION 4556 Tholozan				d. STREET ADDRESS (If rural, give location)						
3. NAME OF DECEASED (Type or Print) George			a. (First)		b. (Middle) W.		c. (Last) Ellis			
4. DATE OF DEATH (Month) (Day) (Year) 4/4/49										
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 11, 1891		9. AGE (In years last birthday) 57		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchmen		10b. KIND OF BUSINESS OR INDUSTRY Terminal R.R.		11. BIRTHPLACE (State or foreign country) Illinois			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Frank Ellis			13b. MOTHER'S MAIDEN NAME Jennie Biggs			14. NAME OF HUSBAND OR WIFE Anna M. Ellis				
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or date of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Anna M. Ellis--4556 Tholozan				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)  ANTECEDENT CAUSES (b) (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION Coronary Thrombosis Atherosclerotic Ht Disease Atherosclerosis gen'l.				INTERVAL BETWEEN ONSET AND DEATH 1 wk.	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from 4/3/49, 19 49, to 4/2/49, 19 49, and that death occurred at 3:30 A.M., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) Frank Thomas M.D.				23b. ADDRESS 6454 Broad				23c. DATE SIGNED 4/4/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/6/49		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri				
DATE REC'D BY LOCAL APR 5 1949		REGISTRAR'S SIGNATURE J.B. Gossett			25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Heldt		ADDRESS 3634 Gravois			

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

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*S.*

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert Wheeler

Licensed Embalmer No. 3128

P. O. Address St Louis mo

**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.