

FILED JUN 27 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21962**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3066** Registrar's No. **1258**

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1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN S. Kirkwood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN S. Kirkwood	
c. LENGTH OF STAY (In this place) 43 Yrs.		d. STREET ADDRESS (If rural, give location) 317 New York St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) THOMAS b. (Middle) Ellington c. (Last) Ellington			4. DATE OF DEATH (Month) (Day) (Year) May 22 1949		
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 4th 1878	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 4 Days 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Labor	11. BIRTHPLACE (State or foreign country) Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Sam Ellington	13b. MOTHER'S MAIDEN NAME Eliza Truet	14. NAME OF HUSBAND OR WIFE Eula Ellington
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Elula Ellington ADDRESS 317 New York St

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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage.		INTERVAL BETWEEN ONSET AND DEATH 48 hours 4 years 4 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease.		
	DUE TO (c) Arteriosclerosis		
ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 93d			

19a. DATE OF OPERATION 5-25-49	19b. MAJOR FINDINGS OF OPERATION Small Lung	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.) Kirkwood	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis, Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **Jan 27, 1942**, to **May 22, 1949**, that I last saw the deceased alive on **May 27, 1949** and that death occurred at **9 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE Charles W. James M.D. (Degree or title)	23b. ADDRESS Kirkwood Mo	23c. DATE SIGNED 5/24/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 26, 1949	24c. NAME OF CEMETERY OR CREMATORY Father Dickson
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		

DATE REC'D BY LOCAL REG. 5-25-49	REGISTRAR'S SIGNATURE Handwritten	25. FUNERAL DIRECTOR'S SIGNATURE John W. Hemphill ADDRESS 408 S. Filmore
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

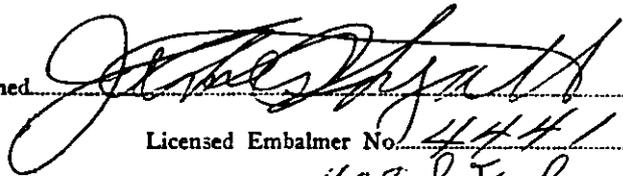
STATEMENT BY LICENSED EMBALMER

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.

Signed _____



Licensed Embalmer No. 4441

P. O. Address 408 S. Filmore

Signed _____
Student Embalmer

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.