

32318

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. ....

No. 300

10748

FILED OCT 7 1949

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

BIRTH NO. 61865-49

8162

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 7 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis		990
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary 71			d. STREET ADDRESS (If rural, give location) N.E. 330 Converse St. 180		
3. NAME OF DECEASED (Type or Print) ELLSWORTH		a. (First)	b. (Middle)	c. (Last) WELLMAKER Jr.	4. DATE OF DEATH (Month) (Day) (Year) Sept. 19, 1949
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 12, 1949	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 7		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ellsworth Wellmaker Sr.		13b. MOTHER'S MAIDEN NAME Louteamer Triplet		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Katie Blumet		ADDRESS 339 Converse St. E. St. Louis, Ill.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Craniospina</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Postural Asymmetry</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 159			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 776X			
22. I hereby certify that I attended the deceased from <u>9/12</u> , 19 <u>49</u> to <u>9/20</u> , 19 <u>49</u> that I last saw the deceased alive on <u>9/20</u> , 19 <u>49</u> and that death occurred at <u>7:05 P.</u> m., from the causes and on the date stated above.					
23. SIGNATURE (Degree or title) Edgar F. Warden M.D.			23b. ADDRESS 930 N 2nd St		23c. DATE SIGNED 9/20/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept. 21, 1949	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) East St. Louis Ill.		
DATE REG'D BY LOCAL REG. SEP 21 1949	REGISTRAR'S SIGNATURE J B L... ..	25. FUNERAL DIRECTOR'S SIGNATURE J L Marshall		ADDRESS 205 Missouri Ave. East St. Louis, Ill.	

(Licensed Embalmer's Statement on Reverse Side)

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

*NOT EMBALMED*

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 *Thomas M. Labson*

Licensed Embalmer No. *4479*

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.