

STANDARD CERTIFICATE OF DEATH

29931

State File No.

FILED AUG 31 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7472

1. PLACE OF DEATH a. COUNTY		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 Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Country Club Hills, 414	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		d. STREET ADDRESS (If rural, give location) 7549 Jenwood, 20	

3. NAME OF DECEASED (Type or Print) JOHN NEWTON ELLIS			4. DATE OF DEATH July 30th, 1953		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 10th, 1908		9. AGE (In years last birthday) 45		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinetmaker		10b. KIND OF BUSINESS OR INDUSTRY Pauk & Son		11. BIRTHPLACE (City and State or Foreign Country) Paris, Tennessee	

13a. FATHER'S NAME William Thomas Ellis		13b. MOTHER'S MAIDEN NAME Flora Mae Winsett		14. NAME OF HUSBAND OR WIFE Velma Ellis nee Williams	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Velma Ellis, 7549 Jenwood, 20,	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Congestive Heart Failure				2 days	
ANTECEDENT CAUSES		Lobar Pneumonia				3 days	
DUE TO (b)		Hypertension				8 days	
DUE TO (c)		Heart block, 2 nd B. B.				8 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Perforated gastric & duodenal ulcers with massive adhesions to Gall bladder and bile ducts. Peritonitis.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?	
		Perforated gastric & duodenal ulcers with massive adhesions to Gall bladder and bile ducts. Peritonitis.			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)		
				540.1		

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
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22. I hereby certify that I attended the deceased from July 14, 1953, to July 30, 1953, that I last saw the deceased alive on July 30, 1953, and that death occurred at 4:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D.		23b. ADDRESS 4957 Maryland Ave		23c. DATE SIGNED 7/31/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8/3/53		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
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DATE REC'D BY LOCAL REG. JUL 31 1953		REGISTRAR'S SIGNATURE Calvin F. Feutz		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ, 4828 Natural Bridge Blvd.	
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(Licensed Embalmer's Statement on Reverse Side)

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

5302 MAY LEAD AVENUE,
Ro. 3062

Hours between 4:00PM & 6:00 PM
(Friday)

File in City

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 John A. Minar

Licensed Embalmer No. 4186

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.