

## STANDARD CERTIFICATE OF DEATH

State File No. 86

FILED SEP 27 1954

Registrar's No. 86BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Joachim</u>		c. LENGTH OF STAY (In this place) <u>Lifetime</u>	c. CITY OR TOWN <u>near Pevely</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>near Pevely</u>			e. STREET ADDRESS (If rural, give location) <u>near Pevely, Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edna</u>		b. (Middle) <u>K.</u>	c. (Last) <u>Ellis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 17-54</u>
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 25, 1889</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 1 YEAR Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales lady</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Mdse.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pevely, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			13a. FATHER'S NAME <u>Charles E Ellis</u>		
13b. MOTHER'S MAIDEN NAME <u>Katherine Yeida</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gary J Ellis, St. Louis Co., Mo.</u>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Sarcoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized metastasis</u> DUE TO (c) <u>To lump in brain</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>3 wks</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>101 X</u>				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)		21d. (STATE)	
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			
22. I hereby certify that I attended the deceased from <u>May 1954</u> to <u>Sept 17, 1954</u> , that I last saw the deceased alive on <u>Sept 16, 1954</u> , and that death occurred at <u>2:00 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>M. G. Damm</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Percutaneous, Mo.</u>		23c. DATE SIGNED <u>9/18/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 19-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Immanuel Cemetery</u>	24d. LOCATION (City, town, or county) <u>Pevely</u>		(State) <u>Mo.</u>
DATE REC'D BY LOCAL REG. <u>9-18-54</u>	REGISTRAR'S SIGNATURE <u>James G. Riddle</u> <u>502</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heiligttag Funeral Home, Imperial, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

**JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI**

DATE RECEIVED

DEC 7 1954

SEP 25 1954

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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.....  
Signature of Student Embalmer

Signed *Arthur W. Heiligtag*

Licensed Embalmer No. *387*

P. O. Address *Imperial*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.