

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38700**

Registrar's No. **10095**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Beverly Hills	
c. LENGTH OF STAY (In this place) 9 days		d. STREET ADDRESS (If rural, give location) 6916 Natural Bridge	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital			

3. NAME OF DECEASED (Type or Print) Charles Francis ELLIS	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Nov. 6, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 14, 1882	9. AGE (In years last birthday) Months Days Hours Min. 72
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool Designer	10b. KIND OF BUSINESS OR INDUSTRY Electrical Mfg.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis County Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME (Unknown)	13b. MOTHER'S MAIDEN NAME (Unknown)	14. NAME OF HUSBAND OR WIFE Florence Czar
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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	16. SOCIAL SECURITY NO. 492-03-0645	17. INFORMANT'S SIGNATURE OR NAME Florence Ellis	ADDRESS 6916 Natural Bridge
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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, asphyxia, 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) Emphysema of left lung		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis DUE TO (c) Coronary Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? 163x
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22. I hereby certify that I attended the deceased from **6-16-1913**, to **11-6-1954**, that I last saw the deceased alive on **11-6-1954**, and that death occurred at **10:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Edson P. Harris, M.D.	(Degree or title)	23b. ADDRESS 6826 Natural Bridge	23c. DATE SIGNED 11-6-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/9/54	24c. NAME OF CEMETERY OR CREMATORY St. Peters	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
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DATE REC'D BY LOCAL REG. NOV 8 1954	REGISTRAR'S SIGNATURE Charles Smith	5. FUNERAL DIRECTOR'S SIGNATURE W. Bullen Kelly	ADDRESS 7267 Natural Bridge
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(Licensed Embalmer's Statement on Reverse Side)

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.

Student
Student Embalmer

Signed James H. Lammers

Licensed Embalmer No. 4142

P. O. Address St Louis

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.