FILED JAN 18 1955

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43558

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11744

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walton Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 4527 Forest Park Ave 2199

3. NAME OF DECEASED (Type or Print)
a. (First): Flora
b. (Middle): Power
c. (Last): Ellis

4. DATE OF DEATH (Month) (Day) (Year): Dec. 24, 1954.

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: July 18, 1876
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 10, Days 6 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country): Nashville Tennessee
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME: James H. Power
13b. MOTHER'S MAIDEN NAME: Logan
14. NAME OF HUSBAND OR WIFE: Richard Yates Ellis
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.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Agnes Walton — ADDRESS: 4527 Forest Park Ave.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Heart Disease with failure — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

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22. *I hereby certify that I attended the deceased from* Sept 1950, *to* Dec 24, 1954, *that I last saw the deceased alive on* Dec 24, 1954, *and that death occurred at* 11:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: N. Rimelman (Degree or title): MD
23b. ADDRESS: 3409 Union
23c. DATE SIGNED: 12-24-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Dec. 27/54
24c. NAME OF CEMETERY OR CREMATORY: Oak Ridge Cem.
24d. LOCATION (City, town, or county): Springfield (State): Ill.

DATE REC'D BY LOCAL REG.: DEC 27 1954
REGISTRAR'S SIGNATURE: J. Carl Smith MD
26. FUNERAL DIRECTOR'S SIGNATURE: Bull-Campbell Mortuary — ADDRESS: 5165 Delmar
(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lex E. Campbell

Licensed Embalmer No 3881

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.