

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30801**
Registrar's No. **7999**

FILED SEP 29 1955

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

1. PLACE OF DEATH a. CITY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) 5228 Enright Ave. 21290					
3. NAME OF DECEASED (Type or Print) a. (First) Tyler b. (Middle) NMN c. (Last) Ellison			4. DATE OF DEATH (Month) (Day) (Year) Sept. 9, 1955				
5. SEX M		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH 12/25/86		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Days IF UNDER 4 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Yazoo Miss.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Aaron Ellison		13b. MOTHER'S MAIDEN NAME Mary Scott			
14. NAME OF HUSBAND OR WIFE Queenie Ellison		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give way or dates of service) No		16. SOCIAL SECURITY NO. None			
17. INFORMANT'S SIGNATURE OR NAME Queenie Ellison		ADDRESS 5228 Enright					
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pyelonephritis 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 2 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Sept. 5, 1955 , to Sept. 9, 1955 , that I last saw the deceased alive on Sept. 9, 1955 , and that death occurred at 8:20 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE C. J. Vanillon, M.D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 9/10/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/14/55		24c. NAME OF CEMETERY OR CREMATORY Washington Park Ceme			
24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo		DATE REC'D BY LOCAL REG. SEP 12 1955		REGISTRAR'S SIGNATURE J. Carl Smith MD			
25. FUNERAL DIRECTOR'S SIGNATURE Grant Johnson		ADDRESS 4352 Wash. Blvd					

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.....
Signature of Student Embalmer

Signed..... *F. C. Green*

Licensed Embalmer No. *296*

P. O. Address *4214 Delany*

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.