

FILED JAN 15 1957

STANDARD CERTIFICATE OF DEATH

42976

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11753

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) Mo. Baptist			Length of stay in lb		d. STREET ADDRESS 3027 Rauschenbach		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Reta Omer Ellzey				4. DATE OF DEATH 12 23 56		5. SEX M	
6. COLOR OR RACE W		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 23 1888		9. AGE (In years last birthday) 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10b. KIND OF BUSINESS OR INDUSTRY National Lead		11. BIRTHPLACE (City and state or country) Johnsville Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Mildford Ellzey				14. MOTHER'S MAIDEN NAME Etta Alvis			
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. 356-10-8496		17. INFORMANT Address Mrs. C. Ellzey (wife) 3027 Rauschenbach		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cirrhosis of liver.</i> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Arterioscl. heart disease</i>							INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <i>Jan 1956</i> to <i>Dec 23, 1956</i> and last saw ^{her} him alive on <i>12-23-56</i> Death occurred at <i>4</i> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>John L Horner MD</i>				22b. ADDRESS <i>114 N. Taylor St. St. Louis (8)</i>		22c. DATE SIGNED <i>12-24-56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>12/24/56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Crisney Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Ill. Mo.</i>		
24. FUNERAL DIRECTOR ADDRESS <i>Robert D. Kinealy 2228 St. Louis</i>			25. DATE RECD. BY LOCAL REG. <i>DEC 24 1956</i>		26. REGISTRAR'S SIGNATURE <i>John L Horner MD</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
4-56

Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

(Licensed Embalmer's Statement on Reverse Side)

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.....*VE Mosca*

Licensed Embalmer No...*3*

P. O. Address...*St. J.*

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