

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-010733
STATE FILE NUMBER

318 Primary Registration District No. 1003 Registrar's No. 3110

Registration District No. 318
FILED APR 14 1961

AMENDED

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, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b -----	c. CITY OR TOWN Woodson Terrace <i>4000</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 9433 Kathlyn Drive, 34,
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First WALTER Middle P. Last ELLIS			4. DATE OF DEATH Month April Day 1, Year 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-22-1898	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	10b. KIND OF BUSINESS OR INDUSTRY Cottrell & Wideman Co.	11. BIRTHPLACE (City and state or country) Clark County, Missouri	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Ellis	13b. MOTHER'S MAIDEN NAME Barbara (Unknown)	14. NAME OF HUSBAND OR WIFE Hazel Ellis	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [If yes, give war or dates of service] Yes World War # 2	16. SOCIAL SECURITY NO.	17. INFORMANT Hazel Ellis, 9433 Kathlyn Drive, 34,
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarct		INTERVAL BETWEEN ONSET AND DEATH 15 minutes.
DUE TO (b) Arteriosclerotic heart disease		don't know
DUE TO (c) 420.0		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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. Month, Day, Year		

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 St. Louis	COUNTY St. Louis Co.,	STATE Missouri
21. I attended the deceased from 3-25-61 to 4-1-61 and last saw ^{her} him alive on 3-28-61 Death occurred at 5:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <i>Walter H. Spoermer, M.D.</i>	22b. ADDRESS 1515 St. Louis	22c. DATE SIGNED 4-3-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-4-61	23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Memorial Gardens
23d. LOCATION (City, town, or county) St. Louis Co., Missouri		(State)

24. FUNERAL DIRECTOR CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., St. Louis, 15, Missouri	25. DATE RECD. BY LOCAL REG. APR 3 1961	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>
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DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 ITEM NO.

APR 20 1961

Faint, mostly illegible text from the reverse side of the certificate, including names and dates.

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 Robert E. Mullman

Licensed Embalmer No. 7916

P. O. Address St. Louis, Mo.

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.