MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-003711
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 846

FILED JAN 25 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT
			5/2	

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Alexian Bros. Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4317 Eichelberger — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Leland Middle: Last: Ellis
4. DATE OF DEATH: Month: January Day: 17 Year: 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/4/1895
9. AGE (last birthday): 66 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine operator
10b. KIND OF BUSINESS OR INDUSTRY: American Sheet Steel
11. BIRTHPLACE (City and state or country): Richland, Indiana
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: George Ellis
13b. MOTHER'S MAIDEN NAME: Mollie Hagen
14. NAME OF HUSBAND OR WIFE: Carrie Winheim Ellis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW # 1
16. SOCIAL SECURITY NO.:
17. INFORMANT: Carrie Ellis Address: 4317 Eichelberger St. Louis M

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Vascular Accident, basilar artery	8 hr.
DUE TO (b)	Arteriosclerosis & HCVD	8 yrs known
DUE TO (c)	443X	

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): Basilar artery syndrome 3-4 yr. Anticoagulation Rx 3 yr.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1955, to 1962 and last saw ~~her~~ him alive on 4 Jan 62
Death occurred at 9:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. Johnstone, M.D.
22b. ADDRESS: John Johnstone, Jr, M. D. 206 West Argonne Kirkwood 22, Mo.
22c. DATE SIGNED: 19 Jan 62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Jan. 20, 1962
23c. NAME OF CEMETERY OR CREMATORY: St. Trinity Cemetery
23d. LOCATION (City, town, or county) (State): Lemay, Missouri

24. FUNERAL DIRECTOR ADDRESS: C. Hoffmeister Mortuaries 7814 So. Broadway St. Louis, Mo.
25. DATE RECD. BY LOCAL REG.: JAN 19 1962
26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

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_____ Signed John S Dennehy
Signature of Student Embalmer

Licensed Embalmer No. 4194

P. O. Address St. Louis, M

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.