

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-82-032425

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7837

STATE FILE NUMBER

FILED AUG 27 1962

VS 300  
-Rev. 4/59

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USE BLACK INK OR TYPewriter RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>4 Wks.</b>	c. CITY OR TOWN <b>Spanish Lake</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Faith Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1557 Lakeside Ln.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>Vern Ellis</b>			First	Middle	Last	4. DATE OF DEATH Month <b>8</b> Day <b>9</b> Year <b>62</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-18-97</b>		9. AGE (last birthday) <b>64</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Drayage</b>		11. BIRTHPLACE (City and state or country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Albert Ellis</b>			13b. MOTHER'S MAIDEN NAME <b>Minnie Creswick</b>			14. NAME OF HUSBAND OR WIFE <b>Late Frieda Ellis</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW I</b>			16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mrs. Dolores Kiser 7409 Wayne (30)</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute Intestinal Obstruction</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 wks</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <b>Perforated acute appendix</b>		DUE TO (c) <b>550.1</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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 checked="" type="checkbox"/> NO <input 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		COUNTY	STATE	
21. I attended the deceased from <b>7/28/62</b> , to <b>8-9-62</b> and last saw him alive on <b>8/9/62</b> Death occurred at <b>10:15 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Anthony V. Benincosa MD</b>				22b. ADDRESS <b>3400 N. Kingshighway</b>		22c. DATE SIGNED <b>8/9/62</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
<b>Removal (Mtr)</b>		<b>8-11-62</b>	<b>Mt. Hope Cemetery</b>		<b>Belleville, Illinois</b>			
24. FUNERAL DIRECTOR <b>Calvin F. Feutz 4828 Natural Bridge Blvd.</b>				25. DATE RECD. BY LOCAL REG. <b>AUG 10 1962</b>		26. REGISTRAR'S SIGNATURE <b>Mad Smith M.D.</b>		

Dr. J. M. GANDIMAYER  
3400 N. Kings hy  
EV 5-1050  
Hours  
11 to 3:30

**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. Mahleman

Licensed Embalmer No. 4916

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.