

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029900

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7198**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 19 1963

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

VS 300	1	DATE AMENDED
Rev. 4/59	2	9/10/63
	3	
	4	3
	5	2
	6	
	7	0
	8	3
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	10	
	11	
	12	52-0
	13	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri			Length of stay in 1b LIFE		c. COUNTY OR TOWN MO.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4316 Ashland
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		5. SEX
First Clarence Middle Ellett Last			Month July Day 7 Year 1963		Male
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR
Male	Negro		2/2/92	71	Months 9 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY
Retired Painter		Pullman Shop	St. Clair, Mo.		U.S.A.
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE
Abraham Ellett			Josephine Coleman		Blanche Ellett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.	17. INFORMANT Address	
No				Robert Ellett, 4014 Cottage	
18. CAUSE OF DEATH (Enter only one cause per line)					INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:					3 years
IMMEDIATE CAUSE (a)					
Artero-sclerotic heart disease					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b)					
420.0					
DUE TO (c)					
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 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	Month, Day, Year			
	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 April, 1960 to July 7, 1963 and last saw him alive on July 7, 1963 Death occurred at 10:30 A.M. on the date stated above and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>F.R. Bradley M.D.</i>			(Degree or title) F. R. Bradley, M. D.		22b. ADDRESS BARNES HOSPITAL
					22c. DATE SIGNED 7/7/63
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)
Removal		7/12/63	Washington Park Cem.		St. Louis County, Mo.
24. FUNERAL DIRECTOR Charles J. Gates, Jr., 4107 Finney			25. DATE RECD. BY LOCAL REG. JUL 11 1963	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>	

USE BLACK INK OR TYPEWRITER RIBBON

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 *Rayton Swan*

Licensed Embalmer No. 4580

P. O. Address 4107 Finney



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.