WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 39687

Township ..... Primary Registration District No. 1003 Registered No. 11903

City St Louis Mo (No. En route City Hospital #2 St. ..... Ward)

2. FULL NAME Henry Ross

(a) Residence, No. 1358A Glasgow St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula Ross

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-10-1894

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
37	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 53 L 14 C
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipping Clerk
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La.

FATHER

13. NAME Stephen Ross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Laura Hampton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Lula Ross
(ADDRESS) 1358A Glasgow Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickey DATE 11-28 1931

19. UNDERTAKER N. S. Wade Und. Co.
(ADDRESS) 4202 Finney Ave.

20. FILED NOV 28 1931 19 Max C. Parker Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from No Physician in attendance, 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:10 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of soft parts of Upper Right Thigh Crest of Ilium and Buttocks

Other contributory causes of importance:

Primary seat of Carcinoma Upper Right Thigh

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. W. Kemer, M. D.

(Address) Dep. Coroner

11/27/31