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.

21811

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 5619

City St. Louis (No. 3922 N. 20 St. ..... St. ..... Ward)

2. FULL NAME John F. Ross Sr.

(a) Residence, No. 3922 N. 20 St., N Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 64 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 White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Widowed - Mary Ross

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1869

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	0	27.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of St. Louis

10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation 39 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER

13. NAME David Ross.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known. Germany

MOTHER

15. MAIDEN NAME Lena Ross O.K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known. Germany

17. INFORMANT (ADDRESS) Catherine Ebeler 3922 N. 20 St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Lebanon Cem. DATE June 28, 1933

19. UNDERTAKER (ADDRESS) Suedmeyer & Sons 3934 N. 20 St.

20. FILED N 27 1933, 19 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1933, to June 22, 1933

I last saw him alive on June 22, 1933 Death is said to have occurred on the date stated above, at 11.15 P.m.

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

Chronic Myocarditis 131 93C 131

Date of onset

Other contributory causes of importance:

Chronic Nephritis 8

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

What test confirmed diagnosis? ..... Was there an autopsy? no

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? no

If so, specify .....

(Signed) V. J. Meinhardt, M. D.

(Address) Mund & Sebert