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

Do not use this space.

27601

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.

SEP 26 1933

1. PLACE OF DEATH

96 County St. Louis, Mo. Registration District No. 1123

Township Carondelet Primary Registration District No. 6378

City Jefferson Barracks, (No.) Veterans Administration Facility. St. ..... Ward)

File No. .....

Registered No. 280

2. FULL NAME Jack ROSS

(a) Residence, No. 1209 No. Jefferson Ave. St. St. Louis Ward Mo.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2, 1894 ?

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
(ABT)	39	0	26	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Frank Gerkin

10. Date deceased last worked at this occupation (month and year) Abt. 4 yrs. ago.

11. Total time (years) spent in this occupation Abt. 6 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Americus, Ga.

FATHER

13. NAME Unavailable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Unavailable

MOTHER

15. MAIDEN NAME Unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Unavailable

17. INFORMANT C. H. SMITH, M.D., Clinical Director
(ADDRESS) Veterans Administration Facility, Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson Barracks. DATE ..ug. 31. 33

19. UNDERTAKER English Un'd. Co.
(ADDRESS) 2931 Lucas Ave.

20. FILED Aug 31 1933 L. C. Ellbrook M.D.
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 17, 1933 to August 28, 1933

I last saw him alive on August 28, 1933. Death is said to have occurred on the date stated above, at 1:30Am.

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

	Date of onset
Myocarditis, chronic	Unk.
72B	
93c	

Other contributory causes of importance:

Valwular heart disease, aortic insufficiency	Unk.

Name of operation -- Date of --

What test confirmed diagnosis? Clinical, physical, x-ray findings. 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? .....

If so, specify .....

(Signed) W. C. GIBSON, M.D., Manager, M. D.

(Address) Vet. Adm. Facility, Jeff. Brks., Mo.