

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

Do not use this space...
3468 ²⁸/₇₄

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City... **St Louis** (No. **4456**, **Cote Bullait**) File No. Registered No. **1198** St. Ward)

2. FULL NAME

Myrtle Ross
(a) Residence, No. **4456 Cote Bullait** 11 Ward. (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 **Female** 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 **Malcolm**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar 31 1913**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 **0** **20**

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

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

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) **St Louis**

13. NAME **Dock Shelton**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ill.**

15. MAIDEN NAME **Ambrose**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ill.**

17. INFORMANT **Malcolm Ross** (ADDRESS) **4456 Cote Bullait**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Pk** DATE **2-2** 19**34**

19. UNDERTAKER **G. F. Walton** (ADDRESS) **1707 Bradford St**

20. FILED **FEB - 2 1934** **J. Bredock** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 26** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 26** 19**34** to **Jan 26** 19**34**

I last saw him alive on **Jan 25** 19**34** Death is said to have occurred on the date stated above, at **2 P.M.**

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

Acute Gastritis Date of onset **14 Jan**

Other contributory causes of importance: **Indigested food**

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

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

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) **D. C. Emerson**, M. D. (Address) **3870 Easter**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. ROE 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.

MAR 24 1934

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY. 28

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis* (No.)

Registration District No. *791*
Primary Registration District No. *1003*

File No. *3468*
Registered No. *1178*
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward

(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 *M* 4. COLOR OR RACE *C* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *M* (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED *1334* 19

J. Bredek
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 26 1934*

22. I HEREBY CERTIFY That I attended deceased from to, 19.....

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

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

Cerebral Hemorrhage

Other contributory causes of importance:

*undigested food
Hamburger steak*

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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)....., M. D.

(Address).....

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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.

W-8918-S