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

MAR 15 1935

Do not use this space.

7501

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis, Mo (No. City Infirmary St. ..... Ward)

File No. .....

Registered No. 1942

2. FULL NAME Herman Ross

(a) Residence, No. 5800 Arsenal St St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 61 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 W

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk X 1866

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
abt. 69	X	X	

OCCUPATION

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

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) X Ohio

FATHER

13. NAME John Ross

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

MOTHER

15. MAIDEN NAME Not Known

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

17. INFORMANT (ADDRESS) J G Sullivan 5800 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Peters DATE Feb 28 1935

19. UNDERTAKER (ADDRESS) Kay Leidner U Co. 1417 N Market St

20. FILED FEB 27 1935, 19 J A Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1930, to Feb 25, 1935

I last saw him alive on Feb 25, 1935. Death is said to have occurred on the date stated above, at 10:15 P.m.

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

	Date of onset
Chronic myocarditis	1929

Other contributory causes of importance:

93C

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) Marvin T. Haw, Jr. M. D.

(Address) 5600 Arsenal St

Dr. [illegible]