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

JUN 19 1936

Do not use this space.

24228

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 5838

City St. Louis (No. De Paul Hospital St. ..... Ward)

2. FULL NAME Daniel Ross

(a) Residence, No. 3006 Missouri Ave. St., 24 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1895.

7. AGE: YEARS 40 ~~39~~. MONTHS 11 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Testing Labratory
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) Boston, Mass.

FATHER

13. NAME Dont Know.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

MOTHER

15. MAIDEN NAME Dont Know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT (ADDRESS) 3006 Missouri Ave. Clara G. Chemnitz

18. BURIAL, CREMATION, OR REMOVAL
SS PLACE Peter & Paul Cem DATE June 6, 1936.

19. UNDERTAKER (ADDRESS) J. H. Gebken L & U Co. 2630 Gravois Ave.

20. FILED JUN 4 1936 J. F. Beedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1936, to June 3, 1936
I last saw him alive on June, 1936. Death is said to have occurred on the date stated above, at 6 55a m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of pancreas — Date of onset 21-1936
Malignant
4-7

Other contributory causes of importance:
Metastases through out abdomen

Name of operation Laparotomy Date of June 4/36
What test confirmed diagnosis? Tissue Was there an autopsy? N

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? N
If so, specify .....
(Signed) Nemmer Hane, M. D.
(Address) 1117 N Grand

[illegible]
2 5 4 [illegible]