

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

Do not use this space.

1. PLACE OF DEATH
DEC 3 1936

791

43240

County.....

Registration District No.....

File No.....

Township.....

Primary Registration District No.....

Registered No.....

City **St. Louis, Missouri** (No.....)

1003

St..... Ward)

B. **11383**

Rudolph Ross

2. FULL NAME

no Home

(a) Residence, No.....
(Usual place of abode)

St. **X** 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **male**
4. COLOR OR RACE **white**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **unknown**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/5/36** 19.....

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

22. **11/3/36** HEREBY CERTIFY, That I attended deceased from **11/5/36** 19..... to **11/5/36** 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **about 1886**

I last saw h..... ? alive on **11/5/36** 19....., 19..... Death is said to have occurred on the date stated above, at **1.45 a**

7. AGE YEARS MONTHS DAYS
About 50 - - -
If LESS than 1 day, hrs. or min.

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

OCCUPATION
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.....

Solar pneumonia
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **?**

Other contributory causes of importance: **108**

FATHER
13. NAME ?

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **no**

MOTHER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **?**

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)

15. MAIDEN NAME

Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury.....
Nature of injury.....

17. INFORMANT **Ho.p. Info. W.H. Kent**
(ADDRESS) **City Hospital No. 1**

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

18. BURIAL, CREMATION, OR REMOVAL
PLACE **St Louis U** DATE **11-10** 19.....

(Signed) **William S. Friedwald**, M. D.
(Address) **City Hospital No. 1**

19. UNDERTAKER **W. Richter**
(ADDRESS) **3500 Rutger St**

20. FILED **NOV 30 1936**
J. Predeck
Registrar.

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.

