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

38878
Do not use this space.

NOV 23 1937

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 1170
(b) Township — Primary Registration District No. [illegible] — Registered No.
(c) City [illegible] — (d) Street No. St. Mary's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 54 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 54 yrs. mos. ds.

2. PRINT FULL NAME Robert Ross
(a) Residence, No. 4566 Kensington St. [ ]
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 15, 1862

7. AGE: YEARS 75 — MONTHS 8 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Stone Cutter
9. Industry or business in which work was done, as saw mill, bank, etc.: City of St. Louis
10. Date deceased last worked at this occupation (month and year): 1933
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

FATHER
13. NAME: James Ross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

MOTHER
15. MAIDEN NAME: Catherine (Unknown)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

17. INFORMANT (ADDRESS): John Ross, 4566 Kensington

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary — DATE: Oct. 30, 1937

19. FUNERAL DIRECTOR (ADDRESS): Cullen & Kelly, 1416 N. Taylor

20. FILED Oct 28 1937 Sam W Bassett, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/14, 1937, to 10/27/37, 19..
I last saw her alive on 10/27/37, 19.. Death is said to have occurred on the date stated above, at 9:30 P.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma Renal
Cancer Senility

Date of onset

Other contributory causes of importance: Luminal Pneumonia, Hypostatic

Name of operation ..... Date of .....
What test confirmed diagnosis? None — 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify .....
(Signed) Pierce Rush, M. D.
(Address) 6125 Bartmer

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Clement Mc Neary, Licensed Embalmer No. 3732

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Clement McNeary

Licensed Embalmer No. 3732

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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

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

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

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1. PLACE OF DEATH
(a) County St Louis — Registration District No. 1170
(b) Township — Primary Registration District No. 6248 H. — Registered No.
(c) City Richmond Hts — (d) Street No. St Marys Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert Ross
(a) Residence, No. 4566 Kensington St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Delia Fitzgerald
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 15 1862
7. AGE: YEARS 75 — MONTHS 8 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Stone
9. Industry or business in which work was done, as saw mill, bank, etc.: Cutter
10. Date deceased last worked at this occupation (month, and year): 1933 — 11. Total time (years) spent in this occupation: 50 — City of St Louis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

FATHER
13. NAME: James Ross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

MOTHER
15. MAIDEN NAME: Catherine Dunmouth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

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	Date of onset
Carcinoma Renal disease	
Senility	

Other contributory causes of importance:
Terminal Pneumonia Hypostatic

Name of operation ..... Date of .....
What test confirmed diagnosis? None — 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: None
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Pierce J Reilly, M. D.
(Address) 6125 Bartmer

SUPPLEMENTARY