

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 791  
CERTIFICATE OF DEATH 1008

30704  
Do not use this space.

1. PLACE OF DEATH RECEIVED OCT 12 1938

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. 8141  
(c) City St. Louis, Mo. (d) Street No. City Infirmary 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 44 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Tom Ross 267  
(a) Residence, No. 5800 Arsenal St. 13  
(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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. ?, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 10 —

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation 82

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Miss.

FATHER 13. NAME John Ross  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Miss.

MOTHER 15. MAIDEN NAME Anna Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Sept. 14, 1938

19. FUNERAL DIRECTOR (ADDRESS) J.A. Dawell 3506 Franklin

20. FILED SEP 17 1938 J.D. Butler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 6, 1938, to September 9, 1938

I last saw him alive on September 9, 1938 Death is said to have occurred on the date stated above, at 10:30 A.M.

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

Cerebral thrombosis  
hypertension (essential)  
Other contributory causes of importance:  
Bronchopneumonia  
Old hemiplegia caused by cerebral thrombosis

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

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 E.D. Zwick M.D.  
(Signed) (Address) 5600 Arsenal St.

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, Rex C. Campbell Licensed Embalmer No. 3881

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

L. E. No. 3985 or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Rex C. Campbell  
City #10  
Licensed Embalmer No. 3881

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