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.

OCT 15 1938

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

34110
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 2 Registration District No. 791

(b) Township ..... 1 Primary Registration District No. 1003 Registered No. 9096

(c) City St. Louis, Mo. (d) Street No. 5953 Mimika 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 200 Patricia Ann Ross

(a) Residence, No. 5953 Mimika St. 7
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17th, 1935

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
3	6	30	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. None
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) St. Louis, Mo. 5 6

FATHER
13. NAME Leslie W. Ross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER
15. MAIDEN NAME Ann Jarvis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Father--Leslie W. Ross
5953 Mimika

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens Cem. DATE Oct. 19th 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kraeger-Voss-Fix
3402 N. Kingshighway

20. FILED OCT 19 1938 J. H. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16th, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1938, to October 1st, 1938
I last saw her alive on Oct 1st, 1938. Death is said to have occurred on the date stated above, at 11.30 A. Mm
The principal cause of death and related causes of importance were as follows:

Tumor of Brain
Medulloblastoma of Vermis
Malignant

Date of onset

Other contributory causes of importance:

Name of operation Craniotomy Date of 6-29-38
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?
If so, specify
(Signed) [signature], M. D.
(Address) Beaumont Bldg.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____, or by _____

Registered Apprentice No._____, working under my personal supervision.

Signed. Albert S. Hoffer

Licensed Embalmer No. 294

P. O. Address_____

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

If this body is not embalmed, above space should be left blank.