

31 1938

NOV 3 1938 MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36763
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis / Registration District No. 784
(b) Township _____ Primary Registration District No. 101
(c) City Clayton (d) Street No. _____ County Hospital Registered No. 1770
(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

ROSS SHOOP
(a) Residence, No. 177 Snoede Road 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 Mern Shoop

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-19-1887

7. AGE YEARS 51 MONTHS 9 DAYS 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Yard Man
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Robert Lane
6407 Wellsmar Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE Oct. 31, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Orekhmann Harral
1905 Union Blvd.

20. FILED OCT 31 1938 W. H. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-27-1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1937, to 10-28, 1938

I last saw him alive on 10-28, 1938. Death is said to have occurred on the date stated above, at 8:30 AM.
The principal cause of death and related causes of importance were as follows:

Pulmonary Thrombosis
9321
Other contributory causes of importance:
myocarditis
Date of onset Unknown

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. H. Meyer M. D.

707 (Address) 1927 1/2 Union

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.

MAR 7 1948

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.....

B. M. Sanford

Licensed Embalmer No.....

2273

P. O. Address.....

Theriac

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.)

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