NOV 10 1938

REC'D DEC 8 1938

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

40416
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis — Registration District No. 784

(b) Township Carondelet — Primary Registration District No. 20 — Registered No. 1829

(c) City ~~Jefferson Barracks~~ — (d) Street No. Veterans Administration Facility 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 Unkn. yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jeremiah Ross

(a) Residence, No. 2929 Washington Ave., Saint Louis, St. [ ] Missouri.
(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): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 3, 1888

7. AGE: Years 50 | Months 0 | Days 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Automobile Washer

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) East Carondelet, Illinois.

FATHER

13. NAME Young Ross

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - Arkansas

MOTHER

15. MAIDEN NAME Martha Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - Missouri

17. INFORMANT (ADDRESS) Clinton W. Schilling Jefferson Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Barracks DATE 11-14 1938

19. FUNERAL DIRECTOR (ADDRESS) B. M. Green 3517 Sarpeele Ave.

20. FILED NOV 10 1938 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 5 1938

22. I HEREBY CERTIFY, That I attended deceased from October 11, 1938, to November 5, 1938

I last saw him alive on November 5, 1938. Death is said to have occurred on the date stated above, at 10:10 P.M.

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

	Date of onset
Primary Carcinoma squamous cell, right lower lung with pleuritis, right base.	Unkn.
Other contributory causes of importance:	
Myocarditis, sub-acute	Unkn.
Nephritis, sub-acute	Unkn.

Name of operation None Date of

What test confirmed diagnosis? Autopsy findings 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

(Signed) C. W. HUGHES, Chief Med. Officer M. D.
(Address) VAF Jefferson Barracks, Mo.

(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, R. M. C. Green, Licensed Embalmer No. ~~[illegible]~~ 117

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me, 11/6/38

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed: R. M. C. Green

Licensed Embalmer No. 1173

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.)