C 22 1938 DEC 6 1939

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City St. Louis Mo. No. Mt. St. Rose St. Ward)
Registration District No. 784
Primary Registration District No. 200
File No. 44546
Registered No. 2098

2. FULL NAME Virginia Ross
(a) Residence, No. Elberry Missouri St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12, 1911

7. AGE: YEARS 27 MONTHS 10 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, 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) Missouri

FATHER
13. NAME George Wayman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Ellen Berkley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Hosp. Info.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ellsburg Mo. DATE Dec. 24, 1938

19. UNDERTAKER (ADDRESS) Albert G. Hoppe Inc. 4120 Washington

20. FILED DEC 22 1938 19 T. R. Meyer M. Dolfin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/22/ 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/14/ 1938, to 12/22/ 1938
I last saw her alive on ....., 19.... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
For Advanced Pulmonary Tuberculosis	1936
Other contributory causes of importance: Pulmonary hemorrhage c̄ secondary pneumonia	12/11/38

Name of operation Pulmopoitoneum Date of 8/15/38
What test confirmed diagnosis? Yes 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? No
If so, specify
(Signed) John P. Weinie, M. D.
(Address) 462 No. Taylor

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.