

WHILE I REMAIN IN USE CONTAINING DEAR INK - MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
DEC 13 1939

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 37706  
Registrar's No. 9545

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Homer G. Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
In this community Unknown  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 1  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3855 Windsor Place  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Esther Ross  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 11 day 2  
year 1939 hour 6:55 minute \_\_\_\_\_ P. \_\_\_\_\_ M.

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from 11-1- 39, to 11-2- 1939;  
that I last saw her alive on 11-2- 1939;  
and that death occurred on the date and hour stated above.

7. Birth date of deceased Oct. 22 22 1898  
(Month) (Day) (Year)  
8. AGE: Years 41 Months 0 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Arteriosclerosis (Generalized)  
Duration About 1 yr.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation House work

Due to Myoma of Uterus: non malignant  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 546  
Of operations \_\_\_\_\_  
Of autopsy Uterus, Myoma

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Eases Ross  
13. Birthplace Jackson Mississippi  
14. Maiden name Adelaide Davis  
15. Birthplace Warden Mississippi

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature John W. Ross  
(b) Address 3886 Windsor Pl.  
17. (a) Burial (b) Date thereof 11-9-39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park  
18. (a) Signature of funeral director Manuel  
(b) Address 4059 Finney  
19. (a) NOV 8 1939 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? (Specify type of place) (a) Means of injury \_\_\_\_\_  
23. Signature H. J. Lyman (M. D. or other)  
Address 2601 N. Whitaker Date signed 11-6-1939

**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.....

*William C. McDowell*

Registered Apprentice No. ....

working under my personal supervision.

Signed

*William C. McDowell*

Licensed Embalmer No. ....

*2114*

P. O. Address

*3506 Franklin Ave*

**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.**