

S. No. 2
-11-10-39
5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26219

State File No. _____

FILED AUG 5 1940
Registration District No. 101

Primary Registration District No. 101

Registrar's No. 1313

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(c) Name of hospital or institution: St. Louis County Hospital
(d) Length of stay: In hospital or institution 9 days
In this community 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Overland
(d) Street No. Fairview and Liberty
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Maude Ross
(b) If veteran, name war ? (c) Social Security No. ?

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 24
year 1940 hour 11 minute 00 P. A. M.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Robert Ross 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 7 1869

21. I hereby certify that I attended the deceased from 7-15-40 to 7-24-40, 19____; that I last saw her alive on 7-24-40, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 9 Days 17 If less than one day hr. _____ min. _____

Immediate cause of death Hypertension cardiovascular disease -
Due to several years

9. Birthplace Tupelo Miss.

Other conditions (include pregnancy within 3 months of death) 95%

10. Usual occupation nil.

11. Industry or business _____
12. Name John Allen
13. Birthplace Unknown Miss.
14. Maiden name Sally Younger
15. Birthplace Unknown Unknown

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant W. H. ...
(b) Address ...

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) burial (b) Date thereof July 22 1940
(c) Place: burial or cremation Lake Charles

(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director ...
(b) Address ...

(e) Means of injury _____

19. (a) JUL 26 1940 (b) W. H. ...

23. Signature M. G. ... (M. D. or other) _____
Address St. Louis County Mo. Date signed 7/25/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

101
22
2

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 Al C Ostermann

Licensed Embalmer No. 3478

P. O. Address _____

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.