

STANDARD CERTIFICATE OF DEATH  
AUG 5 1940

26237

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 104

Registrar's No. 1360

1. PLACE OF DEATH:

(a) County St. Louis, County  
(b) City or town Ferguson, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Route 10 Box 1022  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Nil  
(Specify whether  
In this community 2 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Ferguson  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 10 Box 1022  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? Nil years.

3. (a) PRINT FULL NAME Donald John Ross 200

8. (b) If veteran, name war Nil. 8. (c) Social Security No. Nil

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife Nil. 6. (c) Age of husband or wife if alive Nil years

7. Birth date of deceased June 22, 1938  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
2 0 28 hr. min.

9. Birthplace ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business Nil.

MOTHER FATHER { 12. Name John Ross  
18. Birthplace Kokkini Finland  
(City, town, or county) (State or foreign country)  
14. Maiden name Lola Knowles  
15. Birthplace White County Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant John Ross  
(b) Address Route 10 Box 1022 Ferguson, Mo

17. (a) Burial (b) Date thereof July, 23, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director Charles J. Ross  
(b) Address 3934 N. 20th St.

19. (a) JUL 22 1940 (b) Geo. Hughes  
(Date received for filing) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20  
year 1940 hour 2 minute 25 P.M.

21. I hereby certify that I attended the deceased from 7/15  
1940 to 7/20 1940  
that I last saw him alive on 7/19 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death L.B.C. Meningitis Duration 7/12?

Due to \_\_\_\_\_  
Due to 24 \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(c) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature Geo. Hughes (M. D. or other) \_\_\_\_\_  
Address Ferguson Mo Date signed 7/22/40

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

6  
3  
1

**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

*Frank A. Moore*

Licensed Embalmer No. 3041

P. O. Address. 2117 E. 8th

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

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