

S. No. 2
M-1-4-41
v. 5-17-39
X26390

15017

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3371**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Baptist
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 das 10 hrs**
7 mos. (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **2343a Hebert St**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Ethel Ross**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **f** female 5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **William Ross** 6. (c) Age of husband or wife if alive **39** years

7. Birth date of deceased **May 26, 1911**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	30	10	16	hr. _____ min. _____

9. Birthplace **Los Angeles Calif**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business _____

12. Name **Emmerson Ross**

13. Birthplace **unknown Kansas**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **Cincinnati Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm. Ross**

(b) Address **2343a Hebert St**

17. (a) **burial** (b) Date thereof **4-15-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Iowa, Kansas**

18. (a) Signature of funeral director **Charles W. ...**

(b) Address **2228 St. Louis Ave**

19. (a) **APR 15 1942** (b) **J. F. ...**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **13**
year **1942** hour **5** minute **17** M.

21. I hereby certify that I attended the deceased from **4/12/42** to **4/16/42**
that I last saw her alive on **4/14/42** and that death occurred on the date and hour stated above.

Immediate cause of death: **Embolism (pulmonary)**

Due to **hypertension, suppurative cholangitis, 7 mos**

Due to **Hepatitis**

Other conditions (include pregnancy within 3 months of death) _____

Major findings: **Hypertension, suppurative cholangitis, cholelithiasis**

Of operations **no**

Of autopsy **no**

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? _____

23. Signature **Charles W. ...** (M.D. or other)
Address **5346 Olive** Date signed **4/13/42**

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

7-2-68
7-2-68

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 *Charles G. Gouhon*
Licensed Embalmer No. *2777*
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, fact should be so stated above.