V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

16610

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 28 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4392

000 17 9

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 Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days 0 (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 3 17
(c) City or town St. Louis 3 9
(If outside city or town limits, write "RURAL")
(d) Street No. 2150 Clifton Ave
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Leonard Ross.

3. (b) If veteran, name war NO —

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mae

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased January (Month) 29 (Day) 1888 (Year)

8. AGE: Years 54 Months 3 Days 20 If less than one day hr. min.

9. Birthplace Kentucky / (City, town, or county) (State or foreign country)

10. Usual occupation Freight-Handler

11. Industry or business Mo. Pac. R. R.

FATHER
12. Name Wm. Jacob Ross
13. Birthplace Kentucky / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lenora Brown
15. Birthplace Kentucky / (City, town, or county) (State or foreign country)

16. (a) Informant Mae Ross
(b) Address 2150 Clifton Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem

18. (a) Signature of funeral director [illegible]
(b) Address 2301 [illegible]

19. (a) MAY 1 [illegible] (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th year 1942 hour 6 05 minute A. M.

21. I hereby certify that I attended the deceased from May 9, 1942 to May 19, 1942 that I last saw him alive on May 19, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to: (a) Coronal Occlusion	5 wks
(b) Recurrent Occlusion	45 min.
Due to: (c)	
(d)	
Other conditions (Include pregnancy within 3 months of death): Hypertension Essential	4 5 yrs.

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
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
(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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature [illegible] (M. D. or other) MD
Address 175 [illegible] Date signed 5-19-42

(Licensed Embalmer's Statement on Reverse Side)

MAR 29 194

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 Paul A. Kerth

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.