

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1250

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Sherman Bonhomme Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Paul Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days) 27 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Sherman
(If outside city or town limits, write "RURAL")
(d) Street No. St. Paul Road
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME

Allen F. Ross

3. (b) If veteran name war

World War # 1

3. (c) Social Security No.

498-05-7976

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

6. (b) Name of husband or wife Dora Swamey Ross
6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased: August 14, 1892
(Month) (Day) (Year)

8. AGE: Years 49 Months 9 Days 21
If less than one day hr. min.

9. Birthplace Glencoe, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Fireman

11. Industry or business Stationary Engine

12. Name William S. Ross

13. Birthplace Virginia T
(City, town, or county) (State or foreign country)

14. Maiden name Anna Wendell

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dora Ross

(b) Address Sherman, Mo.

17. (a) Burial (b) Date thereof 6/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem., Pond, Mo.

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Ballwin, Mo.

19. (a) JUN 6 - 1942 (b) C. S. McCarroll
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1942 hour 10 minute 50 A.M.

21. I hereby certify that I attended the deceased from March 7
1942 to June 5 1942
that I last saw him alive on June 5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Naso-pharynx

Due to Malnutrition & Emaciation

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 457

Of autopsy _____

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) _____
Means of injury D

23. Signature Henry Scott (M. D. or other) M.D.
Address Ballwin Mo. Date signed 6/6/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

16
00

3

15-1-1937

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 *Theo. Schrader*

Licensed Embalmer No. *3066*

P. O. Address *Ballwin, Mo.*

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.