

FILED SEP 1 1942

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

25882

## 1. PLACE OF DEATH

County ..... Registration District No. 318 000  
 1003  
 Township ..... Primary Registration District No. ....  
 City St. Louis, Mo. (No. Ohio Baptist Hospital) St. .... Ward) 7130

## 2. FULL NAME

(a) Residence, No. 5576 N. Dye St. .... Ward. 6  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>0</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 1<sup>st</sup> 1941</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, <u>2</u> hrs. or <u>2</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
FATHER	13. NAME <u>Martin G. Ross</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
MOTHER	15. MAIDEN NAME <u>Jda Rossman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mo Baptist Hospital 919 N. Dye St. Louis, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>CITY CEMETERY</u> DATE <u>AUG 27 1942</u>		
19. UNDERTAKER (ADDRESS) <u>Dr. Hamilton City Health Dept</u>		
20. FILED <u>AUG 26 1942</u> <u>J. F. Budeck</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2<sup>nd</sup> 1941

22. I HEREBY CERTIFY, That I attended deceased - from 9/1/41, 19... to 9/2/41, 19...  
 I last saw him alive on 9/2/41, 19... Death is said to have occurred on the date stated above, at 2 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Premature Separation of Placenta at 5 1/2 mos of pregnancy Date of onset 18 days

Other contributory causes of importance: 157

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19...  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) H. M. Rosenbaum, M. D.  
 (Address) 3903 Olive St., St. Louis, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Handwritten text, possibly a signature or address, located in the upper left quadrant of the page.

10921-  
P.O. Box  
New Haven  
City, Conn.  
Conn. 06510