

FILED NOV 6 1942

Registration District No. **184**

Primary Registration District No. **2D**

Registrar's No. **2269**

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

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **Wellston**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1607 Ludwig Avenue**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Wellston**  
(If outside city or town limits, write "RURAL.")  
(d) Street No. **1607 Ludwig Avenue**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Joseph L. Ross**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Oct.** day **30**  
year **1942** hour **7** minute **A** M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Matilda Ross** 6. (c) Age of husband or wife if alive **February 5, 1889** years  
7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
that I last saw him..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Natural causes.** Duration

8. AGE: Years **83** Months **8** Days **25** If less than one day  
hr. min.

Due to **Arteriolar nephrosclerosis;**  
**Marked cardiac hypertrophy &**  
Due to **dilatation; Hydrothorax;**  
**Ascites; Mural thrombi in left**  
Other conditions **ventricle, right auricle**  
(Include pregnancy within 3 months of death)  
**and ventricle.**

9. Birthplace **St. Charles Co. Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Laborer**  
11. Industry or business **Retired 6 years**

Major findings:  
Of operations.....  
Of autopsy **Yes.** **1310** PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
{ 12. Name **Casper Ross**  
{ 13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
{ 14. Maiden name **Mary Dyer**  
{ 15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Ross Jr.**  
(b) Address **1607 Ludwig Avenue.**

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?

(c) Place: burial or cremation **Burial** (b) Date thereof **Nov. 2, 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Mt. Lebanon Cemetery**  
**Shepard Funeral Home**  
(b) Address **1167 Hamilton Avenue.**

23. Signature **Louis H. Dyer** (City or town) (County) (State)  
Address **Kirkwood, Mo. 10/31/42** Date signed

19. (a) **OCT 31 1942** (Date received local registrar)  
(b) **C. G. Mc Carraugh** (Registrar's signature)

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**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.....

*G. W. Wilkinson*

Licensed Embalmer No..... *3575*

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.**