

V.S. No. 2
 00M-2-43
 Rev. 5-17-39
 I X35697

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

27023
 7740

State File No. _____
 Registrar's No. _____

Registration District No. 212 Primary Registration District No. 7002

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G. Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 months 12 days
 In this community 10 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4624 Evans
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 3, 1866
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 11 27 _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) La.

10. Usual occupation None

11. Industry or business _____

12. Name Richard Ross

13. Birthplace _____ (City, town, or county) (State or foreign country) La.

14. Maiden name Unknown

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

16. (a) Informant 4624 Evans

(b) Address Burial

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof 8/30/43
 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Atkins Bros. Und. Co.
 (b) Address 3644 Finney

19. (a) Atkins Bros. (b) J. F. Meduck
 (If deceased local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27,
 year 1943 hour 5 minute 00 A. M.

21. I hereby certify that I attended the deceased from April 15, 1943 to August 27, 1943
 that I last saw him alive on August 27, 1943, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration Unk.
Chr. Nephritis Unk.
Uremia Terminal

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 131

Major findings: Of operations _____

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) (e) Means of injury _____

23. Signature J. E. Smith (M. D.)

Address 2601 W. Hutter Date signed 8/27/43

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

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 Burleson English
Licensed Embalmer No. 4208
P. O. Address 2931 Lucas, Ave

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.