

FILED FEB 28 1944

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1480**

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:
St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community 30 yrs
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town St. Louis Jennings
(If outside city or town limits, write "RURAL")

(d) Street No. 1928 McLaran Avenue
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JOHN W. ROSS

3. (b) If veteran, name war No

3. (c) Social Security No.....

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ethel Foss Ross

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased 4 3 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 10 11 hr. min.

9. Birthplace Cook Station Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Street Car Operator

11. Industry or business Public Service

MOTHER FATHER {

12. Name Luke Ross

13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Martha Taff

15. Birthplace Cook Station Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Ross

(b) Address 1928 McLaran Avenue

17. (a) Burial (b) Date thereof 2-17-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cook Station, Mo.

18. (a) Signature of funeral director Alexander T. Somoich

(b) Address 6175 Delmar Blvd.

19. (a) FEB 15 1944 (Registrar's signature) J. T. Breach
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14
year 1944 hour 1 minute 45 a.M.

21. I hereby certify that I attended the deceased from Feb 13, 1944 to Feb 14, 1944
that I last saw him alive on Feb 13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of Coronary Arteries

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 99!

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)..... (a) Means of injury 0

23. Signature A. H. Lyland (M. D. or other).....
Address 2201 Park Date signed 2/15-44

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

Dr. Hyland
3901 Park

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.....

Thomas P. Fenwick

Licensed Embalmer No.....

3793

P. O. Address.....

Illinois 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.