

FILED JAN 22 1945

Registration District No. _____

Primary Registration District No. **6076**

Registrar's No. **2573**

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

206

1. PLACE OF DEATH:

(a) County **ST LOUIS**

(b) City or town **KOCH**

(c) Name of hospital or institution: **Robt Koch Hospital**

(d) Length of stay: In hospital or institution **14 11 mo 4 days**

In this community **40 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **000**

(c) City or town **ST LOUIS**

(d) Street No. **3406 a Clark**

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **ELIZABETH ROSS**

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____

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

20. DATE OF DEATH: Month **Dec** day **21** year **1944** hour **1** minute **05 A** M.

4. Sex **F** 5. Color or race **C**

6. (a) Single, widowed, married, divorced **Widow**

21. I hereby certify that I attended the deceased from **Jan 12** 19**43** to **Dec 21** 19**44**; that I last saw her alive on **Dec 21** 19**44**; and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **Sept 24 1901**

Immediate cause of death **Pulmonary Tuberculosis** **3 1/2 yrs**

8. AGE: Years **43** Months **2** Days **27** If less than one day _____ hr. _____ min.

Due to _____

Due to **13 to 1**

9. Birthplace **Texarkana Texas**

Other conditions _____

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Jesse Roe**

13. Birthplace **Texarkana Texas**

14. Maiden name **Burdie Payne**

15. Birthplace **Texarkana Texas**

16. (a) Informant **Hospital Record**

17. (a) Address **Robt Koch Hosp**

18. (a) Signature of funeral director **J W Bruce**

19. (a) Address **1003 1/2 S. Harrison**

Major findings: Of operations _____

Of autopsy **Pulm. Tuberculosis**

PHYSICIAN

Underline the cause to which death should be charged statistically.

19. (b) Date received local registrar **DEC 27 1944**

(c) Registrar's signature **E. J. McManus**

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 **2**

23. Signature **Frank Cohen** (M. D. _____)

Address **Robt Koch Hosp** **Date signed** **12/21/44**

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

Clark Young

Licensed Embalmer No.

33710

P. O. Address

St. Louis

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.