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#51827
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39723**
Registrar's No. **11229**

FILED JAN 5 1946
318

Registration District No. _____
Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME MILDRED ROSS
(b) If veteran, name war No
(c) Social Security No. UNK.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife VESTER ROSS
(c) Age of husband or wife if alive 51 years
7. Birth date of deceased FEB. 10 1910
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 21st
year 1945 hour 1:08 minute A M.
21. I hereby certify that I attended the deceased from 12/18/45
19____, to 12/21/45 19____;
that I last saw her alive on 12/21/45 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
35 10 11 hr. min.

Immediate cause of death
Pulmonary atelectasis and peripheral vascular collapse 4 P.m.
Due to Pregnancy, uterine, delivered 40 wks

9. Birthplace TROY TENN.
(City, town, or county) (State or foreign country)

Other conditions: Profound umbilical cord prolapse
(Include pregnancy within 3 months of death)
fetal malformation & death

10. Usual occupation HOUSEWIFE

Major findings:
Of operations OBION 11 2 4 1

11. Industry or business

12. Name ALFRED MYERS
13. Birthplace TENN
(City, town, or county) (State or foreign country)

14. Maiden name LOLO RAYBURN
15. Birthplace TENN
(City, town, or county) (State or foreign country)

16. (a) Informant VESTER ROSS
(b) Address UNION CITY, TENN.

17. (a) REMOVAL (b) Date thereof 12-22-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation UNION CITY, TENN.
18. (a) Signature of funeral director Robert H. Hoppel
(b) Address 4700 Washington Blvd
19. (a) DEC 21 1945 (b) J. F. Bredebeck
(Date received local registrar) (Registrar's signature)

Of autopsy pulmonary atelectasis

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)
(c) Means of injury _____

23. Signature 1515 Lafayette 12/21/45
Address Date signed

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

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

Robert G. Hoppe

Licensed Embalmer No. *2971*

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.