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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 844

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 102

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: Booth Memorial Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 days (Specify whether

In this community 26 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County — 000

(c) City or town St Louis (If outside city or town limits, write "RURAL") 2317

(d) Street No. 1326 South 7th (If rural, give location) 9

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

If yes, name country —

3. (a) PRINT FULL NAME Mary Jean Ross

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased 12 (Month) — 7 (Day) — 45 (Year)

8. AGE: Years — Months — Days 26 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Charles Henry Ross
13. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Pauline Gilman
15. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Charles H. Ross, Jr.

(b) Address 1326 So. 7th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-46 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director J. W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) JAN 5 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd year 1946 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-7-45, 19, to 1-2, 1945 that I last saw her alive on Jan 2, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death unknown

Due to malformation of Spine

Due to & alimentary canal

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 157

Of autopsy Refused

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. G. Moore (M. D. or other)

Address 92 1-5018 Date signed 1-4-45

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed C W Cooper

Licensed Embalmer No. 3830

P. O. Address 2317 Lafayette 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.