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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 7 1946

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35550

Registrar's No. 9161

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: 3617 Kossuth Avenue
(If not in hospital or institution, write street number or location)

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

In this community 61 years

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. 3617 Kossuth Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ALICE McCOY ROSS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Fred Ross

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

7. Birth date of deceased August (Month) 31 (Day) 1881 (Year)

8. AGE: Years 65 Months 1 Days 25 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business ------

FATHER
12. Name Thomas McCoy
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Mary Devon
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mrs. Elizabeth Witthoeft
(b) Address 3617 Kossuth Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director
(b) Address 2117 East Grand Blvd.

19. (a) OCT 26 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25th year 1946 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from Feb. 1946, 19, to Oct. 25 1946, 19; that I last saw h. alive on Oct. 23, 1946, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of the liver with ascites — Duration 2 yrs.

Due to

Due to

Other conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature C. H. Neilson (M. D. or other)

Address 306 Humboldt Bldg. Date signed 10/25/46

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....3041.....

P. O. Address.....2117 E. [illegible]

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.