

FILED APR 27 1949

STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 14109
3252

BIRTH NO.		REG. DIST. NO.	PRIMARY REG. DIST. NO.		Registrar's No.
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis Mo.		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 4239 a. Cleveland Ave.
3. NAME OF DECEASED (Type or Print) a. (First) August b. (Middle) Ross c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) APR. 9 1949		
5. SEX Male U	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 13 1894	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Rocco Ross		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mary Ross	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown?) NO		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Ross 4239 a. Cleveland Ave.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocarditis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 930 450				INTERVAL BETWEEN ONSET AND DEATH <i>2-9-48</i> <i>2-9-48</i>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR		
22. I hereby certify that I attended the deceased from <i>Feb 9, 1949</i> to <i>April 9, 1949</i> , that I last saw the deceased alive on <i>April 9, 1949</i> , and that death occurred at <i>St. Louis, Mo.</i> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>Emmett Dymms, M.D.</i>		23b. ADDRESS <i>3802 W. Grand Blvd</i>		23c. DATE SIGNED <i>4-11-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE <i>APR. 12, 1949</i>	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>APR 1 1949 J. B. Pasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Street + Carroll 4600 Natl. Bridge</i>			

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed..... *J. Allen Davis Jr.*

Signed.....
Student Embalmer

Licensed Embalmer No. *# 4053*

P. O. Address *St. Louis 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.