

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21605

State File No.

5377

FILED JUL 15 1949

318

1002

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 000	
b. CITY (If outside corporate limits, write RURAL and give town or township) ST. LOUIS 0		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER PHILLIPS HOSP.		d. STREET ADDRESS 21 2943 DICKSON		(If rural, give location)		10	
3. NAME OF DECEASED (Type or Print) LUTHER		a. (First)		b. (Middle)		c. (Last) ROSS	
4. DATE OF DEATH		(Month)		(Day)		(Year) JUNE 18 1949	
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH AUGUST 13 1947	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months		IF UNDER 1 Wks. Days		IF UNDER 1 Wks. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE		11. BIRTHPLACE (State or foreign country) STULIA ARK.		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME NATHAN NELSON		13b. MOTHER'S MAIDEN NAME BERNICE MARTIN		14. NAME OF HUSBAND OR WIFE BERNICE MARTIN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Nathan Nelson		ADDRESS 2943 Dickson	
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION Lead Poisoning suffered when deceased ate paint off of objects in the house at 2943 Dickson St. Exact date and time unknown				INTELLIGIBLE BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		unknown					
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		78 St.	
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? FELL			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Walter P. ...		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 6/20/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 19		24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 22 1949		REGISTRAR'S SIGNATURE J. B. ...		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS 3080 Bell	

WRITE PLAINLY—USING UNFAADING 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.

Student
Student Embalmer

Signed.....

Ester K. Harris

Licensed Embalmer No.

4458

P. O. Address.....

3510 Bell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.