

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

35528

State File No.

BIRTH NO. REG. DIST. NO. **318** PRIMARY, REG. DIST. NO. **1003** Registrar's No. **9326**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 32 yrs		d. STREET ADDRESS (If rural, give location) 4030 Fairfax Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) F.	c. (Last) Ross	4. DATE OF DEATH (Month) (Day) (Year) 10/28/49
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/8/1889	9. AGE (In years last birthday) 60 If UNDER 1 YEAR: Months Days If UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Cleaner		10b. KIND OF BUSINESS OR INDUSTRY Missouri Pac.		11. BIRTHPLACE (State or foreign country) Commerce, Missouri
				12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Alec Ross	13b. MOTHER'S MAIDEN NAME Cornelia Sloan	14. NAME OF HUSBAND OR WIFE Flounia Ross
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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. 702-16-3837	17. INFORMANT'S SIGNATURE OR NAME Flounia Ross	ADDRESS 4030 Fairfax Avenue
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Coronary Occlusion DUE TO (c) Chronic Aortitis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) 30
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 023X
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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 **1:00 P.** m., from the causes and on the date stated above.

23. SIGNATURE Arthur E. Taylor (Degree or title) Coroner	23b. ADDRESS 1300 Clark Av.	23c. DATE SIGNED 10/31/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/2/49	24c. NAME OF CEMETERY OR CREMATORY Father Dickson Cem	24d. LOCATION (City, town, or county) (State) Webster Groves, Missouri
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DATE REC'D BY LOCAL REG. OCT 31 1949	REGISTRAR'S SIGNATURE J. J. ...	25. FUNERAL DIRECTOR'S SIGNATURE Chas. J. Gates	ADDRESS 4107 Finney Avenue
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(Licensed Embalmer's Statement on Reverse Side)

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.

Student
Student Embalmer

Signed.....

John K. Cunningham

Licensed Embalmer No. 4476.....

P. O. Address 4107 Finney Avenue.....

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.