

FILED SEP 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28606

State File No. _____

318

1003

2390

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S No. _____	
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> c. LENGTH OF STAY (In this place) <u>18 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>ST. LUKE'S Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>ST. LOUIS</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON Mo 4452</u> d. STREET ADDRESS (If rural, give location) <u>724 AUDUBON</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JANE</u> b. (Middle) <u>(None)</u> c. (Last) <u>ROSS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 29 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never</u>		8. DATE OF BIRTH <u>May 19 1899</u>		9. AGE (In years last birthday) <u>50</u>		10. IF UNDER 1 YEAR Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>England</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JACOB SORSKY</u>		13b. MOTHER'S MAIDEN NAME <u>EVA (unk)</u>		14. NAME OF HUSBAND OR WIFE <u>LOUIS J. ROSS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LOUIS J. ROSS 724 Audubon</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Ureteral obstruction</u></p> <p>DUE TO (c) <u>concinomatosis, general</u></p>		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 _____	
		19c. DATE OF OPERATION _____		19d. 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? <u>181X</u>					
22. I hereby certify that I attended the deceased from <u>April</u> , 19 <u>48</u> , to <u>29 Aug</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>28 Aug</u> , 19 <u>50</u> , and that death occurred at <u>1:15 p.m.</u> , from the cause and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Milton Drisch M.D.</u>				23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>29 Aug 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/30/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. SINAI</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO</u>	
DATE REC'D BY LOCAL REG. <u>AUG 29 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Forster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Oliver Belmont - 8715 The Plaza</u>			

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

X - Please not as an ordinary death 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Quinn P. Quiring

Signed.....
Student Embalmer

Licensed Embalmer No. *4229*

P. O. Address.....

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.