

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25197**
Registrar's No. **6402**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. 6402			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE ¹⁰⁰³ a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2249			
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hosp.				STREET ADDRESS (If rural, give location) 3327a So. 13th Street					
3. NAME OF DECEASED (Type or Print) a. (First) WADE b. (Middle) W c. (Last) ROSS			4. DATE OF DEATH (Month) (Day) (Year) July 14, 1951						
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH August 25, 1890			
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman			10b. KIND OF BUSINESS OR INDUSTRY International Shoe		11. BIRTHPLACE (State or foreign country) Commerce Missouri		12. CITIZEN OF WHAT COUNTRY? U		
13a. FATHER'S NAME Robert G. Ross			13b. MOTHER'S MAIDEN NAME Nona Ancel			14. NAME OF HUSBAND OR WIFE Ella			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and date of service) yes			16. SOCIAL SECURITY NO. W W #1 492-01-9545		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ella Ross 3327a So. 13th Street				
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) Acute Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diverticula of Intestines "Colon" DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH 4 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input 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) _____					
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? 372.1					
22. I hereby certify that I attended the deceased from July 12, 1951 , to July 14, 1951 , that I last saw the deceased alive on July 14, 1951 and that death occurred at 10 P M , from the causes and on the date stated above.									
23a. SIGNATURE Julius Chas. Kotten M.D.				23b. ADDRESS 2603 Sherokee St		23c. DATE SIGNED 7-17-51			
24a. BURIAL CREMATION (Specify) Burial		24b. DATE 7-18-51		24c. NAME OF CEMETERY OR CREMATORY National		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri			
DATE (FREE BY) LOCAL REG. AUG 14 1951		REGISTRAR'S SIGNATURE J. B. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin 2501 Lafayette Avenue					

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

Dr. Julius C. Rotter, MD
2603a Cherokee Street
PR. 3636

AUG 13 1972

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 W. J. Harris

Licensed Embalmer No. 3384

P. O. Address St. Louis

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.