

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3257

FILED FEB 8 1952

1003 State File No. 0646  
Registrar's No.

318

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give town or TOWN St. Louis, Missouri)  c. LENGTH OF STAY (In this place) 5 days  d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Ann 4091  d. STREET ADDRESS (If rural, give location) 3515 Janice Ct. 1		
3. NAME OF DECEASED (Type or Print) a. (First) Virginia b. (Middle) Ross c. (Last) Ross			4. DATE OF DEATH (Month) (Day) (Year) 1 19 52		
5. SEX Female	6. COLOR OF RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 29, 1923	9. AGE (In years last birthday) 28	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Rosebud, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME George Langenberg		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Ray W. Ross	
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ray W. Ross, 3515 Janice Ct.	
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) Lympho sarcoma of stomach with metastasis to liver, ovaries, lung, bone marrow.				INTERVAL BETWEEN ONSET AND DEATH known 2 months	
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. Hemorrhage & shock					
19a. DATE OF OPERATION		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 2001	
22. I hereby certify that I attended the deceased from 1-14, 1952, to 1-19, 1952, that I last saw the deceased alive on 1-19, 1952, and that death occurred at 9:15 P. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) E. B. Rader M.D.			23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 1/20/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-20-52	24c. NAME OF CEMETERY OR CREMATORY Methodist		24d. LOCATION (City, town, or county) (State) Rosebud, Mo.
DATE REC'D BY LOCAL REG. JAN 21 1952		REGISTRAR'S SIGNATURE Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	

(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 S. Kennedy*

Licensed Embalmer No. *719A*

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.