

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22576

State File No. ....

JUL 9 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5948**

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY OR TOWN <u>St. Louis, Mo.</u>		c. CITY OR TOWN <u>East St. Louis, Ill.</u>	
c. LENGTH OF STAY (in this place) <u>9 days</u>		d. STREET ADDRESS (If rural, give location) <u>1304 Baker St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillipps</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Earl</u> c. (Last) <u>Ross</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 25, 1952</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Feb. 1, 1926</u>		9. AGE (In years last birthday) <u>26</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>24</u>		IF UNDER 48 HRS. Hours <u></u> Min. <u></u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Darling Fertilize</u>			11. BIRTHPLACE (State or foreign country) <u>East St. Louis, Ill.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>John Ross</u>			13b. MOTHER'S MAIDEN NAME <u>Katie Mae Ross</u>			14. NAME OF HUSBAND OR WIFE		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>236-24-9498</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Katie M. Dozier</u> ADDRESS <u>1304 Baker St.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured Appendix with Peritonitis</u>						<u>Undet.</u>	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Small Intestinal Fistula</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION <u>6-16-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ruptured Appendix with Peritonitis</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	
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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>5501</u>	
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22. I hereby certify that I attended the deceased from 6-16-52, 1952, to 6-25, 1952, that I last saw the deceased alive on 6-25, 1952, and that death occurred at 3:45a m., from the causes and on the date stated above.

23a. SIGNATURE <u>W.M. Reid</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>2601 N Whittier St.</u>		23c. DATE SIGNED <u>6-25-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>1</u>		24b. DATE <u>6-25-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East St. Louis, Ill.</u>		24d. LOCATION (City, town, or county) (State) <u>East St. Louis, Ill.</u>	
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DATE REC'D BY LOCAL REG. <u>JUN 25 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		FUNERAL DIRECTOR'S SIGNATURE <u>P. G. Craggler</u> ADDRESS <u>1036 Tudor</u>	
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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 me

working under my personal supervision.

Student Embalmer No.....

Signed Ben H. Baldurini

Signed.....  
Student Embalmer

Licensed Embalmer No 2490

P. O. Address East Main St

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.