

FILED OCT 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

34678

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2797</u>	
1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Luxemburg</u>		c. LENGTH OF STAY (In this place) <u>2 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pine Lawn, 4151</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mount St. Rose Sanitarium</u>				d. STREET ADDRESS (If rural, give location) <u>4006 Cedarwood Avenue, 20,</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>		b. (Middle) <u>A</u>		c. (Last) <u>ROSS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 7 1953</u>	
5. SEX <u>M O</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 23rd, 1880</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 RES. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laundryman-Washer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laundry</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Samuel Ross</u>		13b. MOTHER'S MAIDEN NAME <u>Jeanette Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Anna E. Ross</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna E. Ross, 4006 Cedarwood Avenue, Pine Lawn, Mo.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY TUBERCULOSIS</u>  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. <u>MA/NUTRITION</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>002X</u>				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?			
22. I hereby certify that I attended the deceased from <u>9-5</u> , 19 <u>53</u> , to <u>9-7</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9-7</u> , 19 <u>53</u> , and that death occurred at <u>10:30 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John C. Mumphy M.D.</u>				23b. ADDRESS <u>3730 Washington Blvd</u>		23c. DATE SIGNED <u>9-8-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9/10/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Galvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>9/8/53</u>		REGISTRAR'S SIGNATURE <u>Herbert S. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>MALVIN F. FEUTZ</u>		ADDRESS <u>4828 Natural Bridge Blvd.</u>	
(Licensed Embalmer's Statement on Reverse Side)							

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

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed John A. Melina

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

**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.