

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25164

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5959

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u>	
b. CITY OR TOWN <u>St Louis Missouri</u>		c. CITY OR TOWN <u>St Louis Missouri</u>	
c. LENGTH OF STAY (in this place) <u>4 mos</u>		d. STREET ADDRESS (If rural, give location) <u>537 South Ewing</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>537 South Ewing Ave</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Blanch</u> b. (Middle) <u>Cleste</u> c. (Last) <u>Ross</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 29 54</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unmarried</u>	
8. DATE OF BIRTH <u>Feb 11 1954</u>		9. AGE (In years last birthday) <u>4</u>		10. UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unemployed</u>		11. BIRTHPLACE (State or foreign country) <u>Cairo Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Clarence Ross</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ramsy</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clarence Ross</u>	
				ADDRESS <u>537 S. Ewing Ave.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES <u>Interstitital Pneumonitis</u> 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.				INTERVAL BETWEEN ONSET AND DEATH	
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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 <u>525X</u>	

22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 630A, 1954, and that death occurred at 630A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Patrick E Taylor, Coroner</u>		(Degree or title)		23b. ADDRESS <u>300 Clark</u>	
23c. DATE SIGNED <u>7-2-54</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 3 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Lemay Mo</u>					

DATE REC'D BY LOCAL REG. <u>JUL 2 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Theodore Gardner</u>	
				ADDRESS <u>1308 Edinburg</u>	

WRITE PLAINLY—USING UNFAADING 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Theodore J. Yander*

Signed.....  
Student Embalmer

Licensed Embalmer No. *130 Eldridge*

P. O. Address *Webster Groves 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.