

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18558

4377

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. LENGTH OF STAY (in this place)

c. CITY OR TOWN

St. Louis

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis Chronic Hosp.

e. STREET ADDRESS (If rural, give location)

19 4386 Laclede

21990

3. NAME OF DECEASED (Type or Print)

a. (First)

b. (Middle)

c. (Last)

Robert Ross

4. DATE OF DEATH

(Month)

(Day)

(Year)

5 3 1956

5. SEX

Male

6. COLOR OR RACE

white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

3 31 1864

9. AGE (In years last birthday)

92

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)

Waiter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)

Paducah, Ky.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

James M. Ross

13b. MOTHER'S MAIDEN NAME

Austin Lute

14. NAME OF HUSBAND OR WIFE

Julia Moore

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

Hospital Records

ADDRESS

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

Morbid conditions, if any, giving DUE TO (b)

rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Milecemia of forebrain

INTERVAL BETWEEN ONSET AND DEATH

yes

2. AUTOPSY?

YES NO

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

420.0H

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-29-55, 19__, to 5-3-56, 19__, that I last saw the deceased alive on 5-3-56, 19__, and that death occurred at 1:27 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Denom or title)

Serg. Esker M.D.

23b. ADDRESS

5800 Arsenal St.

23c. DATE SIGNED

5/4/56

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

May 5, 1956

24c. NAME OF CEMETERY OR CREMATORY

Sunset Burial Park

24d. LOCATION (City, town, or county)

St. Louis County, Missouri

DATE REC'D BY LOCAL REG.

MAY 4 1956

REGISTRAR'S SIGNATURE

J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

Wacker - Helderle - 3634 Gravois Ave.

ADDRESS

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

S.P. (Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....
Rosey Wheeler

Licensed Embalmer No. *212*

P. O. Address.....
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.