

FILED MAY 20 1957

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

 STATE FILE NUMBER  
 19658  
 1198

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1198

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Welleston		a. STATE Missouri		b. COUNTY St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rockwood Monor		Length of stay in lb 8 Mo.		c. CITY OR TOWN Welleston 4311		Inside Limits Yes # No 0	
d. STREET ADDRESS 6470 Plymouth				Reside on Farm Yes 0 No #			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Dorothy		Middle Mae		Last Ross		Month Day Year May 6, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 27, 1879	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Unknown		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494-26-8932		17. INFORMANT Address Mrs. Louis V. Rosell, Jennings, MO			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) Cerebral Vascular Accident							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) Arterio Sclerosis							10 yrs
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
331X							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY			Hour Month Day Year				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from Feb 21-1957 to Mar 6 1957 and last saw her alive on May 6 1957. Death occurred at 9:30 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. Lincoln Hurst Sr.				22b. ADDRESS 1506 Hodiamont Ave		22c. DATE SIGNED May 8, 1957	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial		3-9-57		Zion Cemetery		St. Louis County, Mo.	
24. FUNERAL DIRECTOR ADDRESS WHITE CHAPEL, FERGUSON, MO.				25. DATE RECD. BY LOCAL REG. 5-9-57		26. REGISTRAR'S SIGNATURE Herbert B. Donke MD	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300  
1-56

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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..

Student .....  
Signature of Student Embalmer

Signed *Elena Province* .....

Licensed Embalmer No. *240*

P. O. Address *Jenn* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.