

## DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

35809

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 2332

## 1. PLACE OF DEATH:

- (a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution. (Specify whether

In this community  
years, months or days)3. (a) PRINT  
FULL NAME Samuel M. Ross

3. (b) If veteran, name was ----- 3. (c) Social Security No. -----

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced marr  
6. (b) Name of husband or wife Viola Colenbrander 6. (c) Age of husband or wife if alive ? years  
7. Birth date of deceased 10-27-'70  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 11 20 hr. min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Carpenter

11. Industry or business

- MOTHER FATHER { 12. Name Samuel Ross  
13. Birthplace Penn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Eliza Childreson  
15. Birthplace not known  
(City, town, or county) (State or foreign country)  
16. (a) Informant Ester N. Hartz  
(b) Address 2663a Sutton

17. (a) Burial (b) Date thereof 10-30-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Ray B. Smith  
(b) Address 7456 N. Grand  
19. (a) OCT 18 1943 (b) C. E. McPherson  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis  
(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2663a Sutton  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 17  
year 43 hour 1:45 minute A M.  
21. I hereby certify that I attended the deceased from 10-12-43  
to 10-17-43  
that I last saw him alive on 10-17-43  
and that death occurred on the date and hour stated above.

Immediate cause of death.

Arteriosclerotic heart disease & decubus

Duration

yes

Due to

Generalized atherosclerosisOther conditions.  
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Arteriosclerotic heart disease & decubus

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)  
(e) Means of injury

23. Signature Ed. D. ... (M. D. or other)  
Address St. Louis County Date signed 10-18-43

(Licensed Embalmer's Statement on Reverse Side)

OCT 11 1944

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 3452  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3451

P. O. Address 7456 Manchester

**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.**