

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

25069

1. PLACE OF DEATH

County Registration District No. **79A**
Township Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **Sanitarium**) St. Ward)

File No.
Registered No. **6486**
St. Ward)

2. FULL NAME

Florence Ross
(a) Residence, No. **1813 Goode** Av., **11** Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **8 yrs. + mos.** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar (?) 1889				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
About	44	4	-	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newcastle Indiana				
MOTHER / FATHER	13. NAME Frank P. Kiser			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winston Salem North Carolina			
	15. MAIDEN NAME Charity Susan Hoosier			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winston Salem North Carolina				
17. INFORMANT F.H. Kohler (ADDRESS) 5400 Wessons				
18. BURIAL, CREMATION, OR REMOVAL PLACE New Castle Ind DATE July 26 1933				
19. UNDERTAKER Dunn Bros (ADDRESS) 215 Jefferson				
20. FILED JUL 26 1933 J. F. Bredeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7/24/33**, 19

22. I HEREBY CERTIFY, That I attended deceased from **9/14/31**, 19, to **7/24/33**, 19.
I last saw him alive on **7/24/33**, 19. Death is said to have occurred on the date stated above, at **11:45 a.m.**
The principal cause of death and related causes of importance were as follows:
Bacterial pneumonia
Septicemia of the Central Nervous System
Date of onset **7/12/33**

Other contributory causes of importance:
Septicemia of the Central Nervous System
9/14/31

Name of operation Date of
What test confirmed diagnosis? **Chin. spt. Ex.** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) **F.H. Kohler**, M. D.
(Address) **5400 Wessons**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5156 26 1933

