

REC'D AUG 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23508

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis Mo.** (d) Street No. **4502 Fair Ave.** Registered No. **6202**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Charles Emory Ross** **200**

(a) Residence, No. **4502 Fair Ave.** St. **9** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Jewell Ross**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **5-20-1893**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
45 1 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Motorman**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Pub. Service**
 10. Date deceased last worked at this occupation (month and year) **7-9-1938** 11. Total time (years) spent in this occupation **19 yrs.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Cook Station Mo.**

FATHER 13. NAME **Luke Ross**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

MOTHER 15. MAIDEN NAME **Martha Taff**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

17. INFORMANT **Jewell Ross**
 (ADDRESS) **4502 Fair Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cook Station Mo.** DATE **7-10-38**

19. FUNERAL DIRECTOR (NAME) **Alexander and Sons**
 (ADDRESS) **6175 Delmar Blvd.**

20. FILED **JUL 12 1938** **J. P. Bredich**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 10 1938**22. I HEREBY CERTIFY That I attended deceased from
, 19....., to, 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **4.45 a.m.**

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis;
Chronic Nephritis;

Date of onset

Other contributory causes of importance

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **Yes**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? **NO.**

If so, specify.....

(Signed) **W. J. ...** M. D.(Address) **...**

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,

J. Wm. Bensley

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

J. Wm. Bensley

Licensed Embalmer No. *3653*

P. O. Address *St. Louis 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, above space should be left blank.