

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

24224
Do not use this space.

REC'D AUG 11 1939

1. PLACE OF DEATH
 (a) County... Deaconess Hospital / Registration District No. 791
 (b) Township 650 Oakland / Primary Registration District No. 1008
 (c) City St. Louis, Mo. (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 (Stillborn) Ross 200
 (a) Residence, No. 5241 Elizabeth St. 13 (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) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1939
 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 7:30 A m.
 The principal cause of death and related causes of importance were as follows:
Still birth
 Date of onset _____

Other contributory causes of importance: _____
 Name of operation none Date of _____
 What test confirmed diagnosis? Bluedit 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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo
 FATHER
 13. NAME John Ross
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri
 MOTHER
 15. MAIDEN NAME Obie Standeill
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blytheville Arkansas
 17. INFORMANT (ADDRESS) Mrs. Obie Ross
5241 Elizabeth, St. Louis, Mo
 18. BURIAL, CREMATION OR REMOVAL PLACE Anatomical Purpose DATE 7-20-39
 19. FUNERAL DIRECTOR (ADDRESS) Deaconess Hospital
6150 Oakland
 20. FILED _____ 19____
JUL 25 1939
J. D. Brubaker Local Registrar

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) P. B. Cappel, M. D.
 (Address) 3239 Franklin

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)