

Registration District No. **791** Primary Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Christain Hospital.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Days.
(Specify whether
 In this community 59 Years.
years, months or days)

3. (a) PRINT FULL NAME Fredericka Munberg Ross.
 8. (b) If veteran, name war No. _____ 3. (c) Social Security No. None.

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Late Mathias Ross. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 8th. 1857.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>5</u>	<u>20.</u>	hr. _____ min.

9. Birthplace Germany.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business _____

MOTHER FATHER { 12. Name Herman Niehaus.

13. Birthplace Germany.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown.

15. Birthplace Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Halverson.

(b) Address 8573 Riverview Blvd.

17. (a) Burial (b) Date thereof 4-1-40.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cem.

18. (a) Signature of funeral director H. Lidner and Co.

(b) Address 1417N. Market St.

19. (a) MAR 31 1940 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri. (b) County _____
 (c) City or town St. Louis.
(If outside city or town limits write "RURAL")
 (d) Street No. 8573 Riverview Blvd.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 59 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
 year 1940 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from March 27, 1940 to March 28, 1940
 that I last saw her alive on March 27, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 1 Da

Due to Hypertension 14 hr

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature John J. Kehoe (M. D. or other)

Address 14145 St. Louis Ave Date signed 3/29/40

PHYSICIAN

 Underline the cause to which death should be charged statistically.

Dr. Kellum 4149 1/2 St. Louis
Mo 63107

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

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis Ave

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.