S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23777

AUG 25 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6222

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis. Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1331 Prairie Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 1331 PRAIRIE
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Leverne Ross 20

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race Colored

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased 7 (Month) 17 (Day) 40 (Year)

8. AGE: Years 0 | Months 0 | Days 7 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name John David Ross
13. Birthplace unknown (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Lillian Carter
15. Birthplace unknown (City, town, or county) La (State or foreign country)

16. (a) Informant Lillian Ross
(b) Address 1331 Prairie Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-40 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood.

18. (a) Signature of funeral director Mary Wade
(b) Address 4202 Finney Ave

19. (a) JUL 25 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7/23/40 day
year hour 3 minute 30 p M.

21. I hereby certify that I attended the deceased from 7/17/ 1940, to 7/23/ 1940
that I last saw him alive on 7/23/ 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage

Due to Hemorrhage from umbilical cord

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)
While at work? (e) Means of injury

23. Signature Wm E. Hill (M. D. or other)
Address 405 N. Sarah Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 S. J. Watson

Licensed Embalmer No. 269

P. O. Address 2769 Chouteau

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.