

No. 2
-1-4-41
-1-17-39
I X26390

FILED APR 21 1949

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8800

State File No.

Registration District No. **701**

Primary Registration District No. **1003**

Registrar's No. **2210**

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00017
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 2353 Tennessee Ave. 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nellie Ross
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wm. C. Ross
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased March 14, 1959
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 11 25 hr. min.

9. Birthplace New York / New York
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER { 12. Name Alexander Crawford
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Jane O'Hare
15. Birthplace New York / New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julius Wegman
(b) Address 2353 Tennessee Ave.

17. (a) Burial (b) Date thereof 3/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bms. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) MAP 10 1949 (b) J. W. Bredek
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8,
year 1941 hour 8:10 minute A. M.

21. I hereby certify that I attended the deceased from March 1, 19 41 to March 8, 19 41;
that I last saw her alive on March 8, 19 41;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to.....
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?.....

While at work?..... (Specify type of place)
(c) Means of injury.....

23. Signature James Leadman MD (M. D. or other) 0
Address 1515 Lafayette Ave. Date signed 3/8/41

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

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 *Nancy A. Stewart*.....

Licensed Embalmer No. **3722**.....

P. O. Address **412 Duchouquette St.**.....

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, fact should be so stated above.