S. No. 2
—1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1942

Registration District No. 1401

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 9151

Registrar's No. 3057

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: I33I a Franklin Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 25

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

(d) Street No. I33I a Franklin Ave
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mrs Julia Ross

3. (b) If veteran, name war ----

3. (c) Social Security No. ----

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August (Month) 22 (Day) 1873 (Year)

8. AGE: Years 68 Months 8 Days 13 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant William Roth Son

(b) Address 53I3 Enright Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 6 (Day) 42 (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Central Und. Co

(b) Address I84I Cass Ave

19. (a) APR 6 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 42 hour 10.30 minute — P.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;

that I last saw h..... alive on ....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Tuberculosis from Bowel Kidney Tuberculosis 3rd right Kidney Tuberculosis 3rd

Due to 4th, 5th, 6th ribs on the Right Side why she was

Due to Crack, Man Animalyte

Duration

Other conditions (Include pregnancy within 3 months of death) Driven in Lone Star 3 days

Major findings: Operation about 200 feet

Of operations Walked 1942 on St

Of autopsy Apr 4 1942 about 10:00 O'Clock pm

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) accident

(b) Date of occurrence Apr 4 1942

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

(e) While at work? No (f) Means of injury Auto

23. Signature Alfred Gerz (M. D. or other)

Address Date signed 4/6/42

(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.....Gerry W Wilkinson

Licensed Embalmer No.....3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.