

FILED MAR 6 1944
Registration District No. _____

Primary Registration District No. _____

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: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 20 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17
(d) Street No. 4056a Cook Ave. (If rural, give location) 911
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leslie B. Ross

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife DEAD 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased DECEMBER 31, 1897
(Month) (Day) (Year)

8. AGE: Years 46 Months 1 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSE WORK

11. Industry or business AT HOME

MOTHER FATHER { 12. Name UNKNOWN
13. Birthplace UNKNOWN 9 (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9 (City, town, or county) (State or foreign country)

16. (a) Informant ENOCH RUSH

(b) Address 4056a COOK AVE

17. (a) REMOVAL (b) Date thereof 2-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PITTSBURG TEXAS

18. (a) Signature of funeral director C. W. ROBERTS

(b) Address 1416 N. TAYLOR AVE

19. (a) FEB 24 1944 (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22,
year 1944 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from February
19, 44 to February 22, 1944
that I last saw ee alive on February 22, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage
Hypertension Duration 4 days
Unk.

Due to _____

Due to _____

Other conditions (Includes 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 9

23. Signature J. E. Smith (M. D. or other) _____

Address 20017 Whittier Date signed 2/23/44

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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address St. Louis 13 Mo

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.