

S. No. 2
M-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8188
State File No. _____
Registrar's No. 2292

Registration District No. 318 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Enroute to City Hospital
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 2122 Obear Ave
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Edward H. Ross
3. (b) If veteran, name war None 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 11, year 1945 hour 12:25 minute A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____, 19____, alive on _____, 19____, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Not given
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 8, 1884 (Month) (Day) (Year)

Immediate cause of death: Coronary Occlusion; Coronary Sclerosis;
Due to _____
Due to _____
Other conditions: _____
Major findings: _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
60 7 3 hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
10. Usual occupation General Factory Work

11. Industry or business
12. Name Mathew Ross
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Mary Dieterich
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mary M. Reed
(b) Address 2122 Obear Ave
17. (a) Burial (b) Date thereof 3/14/45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

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?

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) J. F. Brudeck (Date received local registrar) (Registrar's signature)

23. Signature (Specify type of place) (c) Means of injury
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

17
9

011
17
9

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

Gustav W. Dittel

Licensed Embalmer No.

4329

P. O. Address

St. Louis, 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.