

V. S. No. 2
FORM-5-43
Rev. 5-17-39
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35798

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10455**

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
5509 Gresham Ave /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 5509 Gresham Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

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

3. (b) If veteran, name war Spanish

3. (c) Social Security No. _____

4. Sex Male **5. Color or race** White

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

6. (b) Name of husband or wife Anna W. Ross nee Beinke

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: August 15, 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>3</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace Forrest City Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business J.K. Brockman Mfg. Co.

12. Name Unknown

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Albo

15. Birthplace Unknown France
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna W. Ross

(b) Address 5509 Gresham Ave

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 12/3/45
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) DEC 3 1945 **(Date received local registrar)** J. F. Bredbeck **(Registrar's signature)**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30, year 1945 hour 8:45 PM minute _____ M.

21. I hereby certify that I attended the deceased from 7-31-45 to 11-30-45

that I last saw him alive on 11-30-45 and that death occurred on the date and hour stated above.

Immediate cause of death Ca of ascending colon

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: _____

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? _____

23. Signature W. F. Henry **(M. D. or other)** 12/11/45

Address 3115 A Grand **Date signed** _____

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

20
7
9

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..... *William M. Buchholz*

Licensed Embalmer No. *2110*

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.