No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 10 1948
Registration District No. 217

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 43857
Registrar's No. 2736

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 2 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison 999
(c) City or town Venice, (If outside city or town limits, write "RURAL") 11
(d) Street No. 105 Curtis Road (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME ROSS, Gideon
3. (b) If veteran, name war WW-1
3. (c) Social Security No. Unknown
4. Sex Male 2
5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Erma
6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased December (Month) 27 (Day) 1886 (Year)

8. AGE: Years 61 ~~51~~ Months 0 Days 1 If less than one day hr. min.

9. Birthplace Clearville, Alabama (City, town, or county) (State or foreign country) 1
10. Usual occupation None
11. Industry or business
FATHER
12. Name Unk 9
13. Birthplace Unk (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unk
15. Birthplace Unk (City, town, or county) (State or foreign country) 9
16. (a) Informant Registrar 1
(b) Address Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Nat. Cemetery, Jeff. Barracks, Mo.
18. (a) Signature of funeral director Marshall Und. Co.
(b) Address 2205 Missouri E. St. Louis, Ill.
19. (a) 12-31-47 (Date received local registrar) (b) Cecil A. Shay (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28 year 1947 hour minute 4:55 A.M.
21. I hereby certify that I attended the deceased from December 26, 1947 to December 28, 1947 that I last saw him alive on December 28, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death ARTERIOCLEROTIC CORONARY HEART DISEASE WITH ACUTE MYOCARDIAL INFARCTION
2. DIABETES MELLITUS WITH ACIDOSIS, KETOSIS, AND SHOCK
Due to 61
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy Autopsy performed (See cause of death)

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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? (Specify type of place) 0
While at work? (e) Means of injury
23. Signature L.E. Stilwell (M. D.)
Address L.E. Stilwell, Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MAR 1 2 1948

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 Thomas Marshall Hobson, Registered Apprentice No. 492, working under my personal supervision.

Signed Lyda Hughes

Licensed Embalmer No. 2938

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.