

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis MO
(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: Ross #1 = 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Jewell Ross
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color of hair Black
6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased: Oct 10
(Month) (Day) (Year)

8. AGE: 37 Years Months Days If less than one day _____ hr. _____ min.

9. Birthplace: Ill (City, town or county) (State or foreign country)

10. Usual occupation: truck driver

11. Industry or business: truck

12. Name: James J. Ross

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

14. Maiden name: James

15. Birthplace: Ill (City, town or county) (State or foreign country)

16. (a) Informant: Thos. J. Ellwood
(b) Address: 1200 Oak St.

17. (a) Anatomical Board (b) Date thereof: FEB 29 1948
(c) Place: burial or cremation: Anatomical Board

18. (a) Signature of informant: Thos. J. Ellwood
(b) Address: 4104 MANCHESTER
19. (a) FEB 29 1948 (Date received local registrar) J. J. Breda (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County _____
(c) City or town St. Louis MO
(If outside city or town limits, write "RURAL")
(d) Street No. #15 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: 11/8/48 Month _____ day 21 year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: 1. Oedema of Brain
Due to: _____
2. Small Subarachnoid Hemorrhage of Brain
Due to: cause - Myocardial infarction
Other conditions: not felt but recognized
(Include pregnancy within 9 months of death)
Open Verdict

Major findings: Open Verdict
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Open Verdict
(b) Date of occurrence: FEB 29 1948
(c) Where did injury occur? St. Louis MO
(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)
(a) Means of injury _____
23. Signature: Thos. J. Ellwood (M.D. or other)
Address: 1200 Oak St. Date signed: 2/5/48

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 Ralph W. Hemmon

Licensed Embalmer No. 3791

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.