

FILED JUN 28 1948

Registration District No. 318

Primary Registration District No. 1003

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:  
St. Lukes Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

3: (a) PRINT FULL NAME Grace L. Ross

3: (b) If veteran, name war No

3: (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6: (b) Name of husband or wife George L. Ross

6: (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: August 2 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 10 14 hr. min.

9. Birthplace Fox Lake Wisconsin  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Nelson LaSage

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

14. Maiden name Nancy Darling

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

16: (a) Informant Robert G. Ross

(b) Address #1 Hortense Pl.

17: (a) Cremation (b) Date thereof 6-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18: (a) Signature of funeral director Albert H. Hoppe

(b) Address #700 Washington Blvd.

19: (a) JUN 20 1948 (b) J. F. Bredeen  
(Date received local registrar) (Registrar's signature)

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. 5116 Delmar Blvd.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16  
year 1948 hour 11 minute 05 P.M.

21. I hereby certify that I attended the deceased from June 5, 1948  
to June 16, 1948

I last saw her alive on June 16, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Aneurysm of arch of aorta

Due to Non specific

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Ruptured Aneurysm arch of aorta

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) (c) Means of injury

23. Signature Sim F. Beam (M. D. or other) MD  
Address 3720 Washington Date signed 6/18/48

000  
17  
9  
0

Duration

Short

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Henry M. Brummer

Licensed Embalmer No. 4200

P. O. Address St. Louis

**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.**