

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

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FILED JUL 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24664

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6382

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:
Enroute to City Hospital No. 1 3
(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 Anna M. Ross

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased: August 19, 1859
(Month) (Day) (Year)

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

88	10	29	hr. min.
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9. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business.....

12. Name John T. Ross

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

14. Maiden name Rebekah Alexander

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

16. (a) Informant Mrs. Eunice Slagle

(b) Address 1538 a Purdue Avenue

17. (a) Burial (b) Date thereof July 20, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Shepard Funeral Home
1167 Hamilton Avenue

(b) Address JUL 19 1948 (c) J. F. Bredek
(Date received local registrar) (Registrar's signature)

19. (a).....

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. 5351 Delmar Boulevard
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18, 1948
year..... hour 8:00 minute P M.

21. I hereby certify that I attended the deceased from August 2nd, 1943 to July 18th, 1948
that I last saw her alive on July 17th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Thrombosis

Due to..... Hypertension 4 yrs.

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(c) 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) (e) Means of injury 0

23. Signature [Signature] (M. D. or other)
Address 508 N. Grand, St. Louis, Mo. Date signed 7/19/48

Duration
1 day

PHYSICIAN
[Signature]
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.....

Henry W. Brammer

Licensed Embalmer No.....

4200

P. O. Address.....

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.