

No. 300  
10-47  
5-17-39  
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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED AUG 28 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

28185  
State File No. 7219  
Registrar's No.

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:  
(a) County: ST. LOUIS  
(b) City or town: ST. LOUIS  
(c) Name of hospital or institution: PEOPLES HOSPITAL  
(d) Length of stay: In hospital or institution: 60 YEARS  
In this community: 60 YEARS

2. USUAL RESIDENCE OF DECEASED:  
(a) State: MO (b) County: ST. LOUIS  
(c) City or town: DELMAR  
(d) Street No.: 4219 DELMAR  
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME: MINNIE ROSS  
3. (b) If veteran, name war  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 14  
year 1948 hour 9 minute 55 P.M.  
21. I hereby certify that I attended the deceased from Aug. 12, 1948 to 8-14, 1948  
that I last saw her alive on August 14, 1948  
and that death occurred on the date and hour stated above.

4. Sex: F 3 5. Color or race: POL  
6. (a) Single, widowed, married, divorced, MARRIED  
6. (b) Name of husband or wife: JAMES ROSS  
6. (c) Age of husband or wife if alive: 76 years  
7. Birth date of deceased: Unknown 1882

Immediate cause of death: Intestinal Obstruction (4 days duration)  
Due to: Prostatic carcinoma of large bowel (Malignant)  
Other conditions: (Include pregnancy within 3 months of death)  
Major findings: Markedly dilated colon (Colectomy performed 8-13-48)  
Of autopsy: \_\_\_\_\_

8. AGE: abt 66  
Years Months Days If less than one day hr. min.

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

10. Usual occupation: HOUSE WIFE

11. Industry or business

12. Name: DAN TURNER

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

14. Maiden name: FLEN

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

16. (a) Informant: JAMES ROSS

(b) Address: 4319 DELMAR

17. (a) BURIAL (b) Date thereof: 8-19-48

(c) Place: burial or cremation: Greenwood Cemetery

18. (a) Signature of funeral director: F.A. GREEN

(b) Address: 4214 DELMAR

19. (a) AUG 17 1948 (b) J. Biedeck (Registrar's signature)

PHYSICIAN: \_\_\_\_\_  
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?  
While at work? (Specify type of place) (e) Means of injury  
23. Signature: L. Shigoff (M. D. or other) M.D.  
Address: 4602 1/2 Page Blvd. Date signed: 8-16-48

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

MOTHER FATHER

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**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 F. C. Allen

Licensed Embalmer No. 2963

P. O. Address 4214 Delmar

**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.**