

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 18586
4600

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

| | | | | | | | | | | | |
|--|--|--|------------|---|-------------|---|-------------------|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Louis | | c. LENGTH OF STAY (In this place) 7 days | | c. CITY (If outside corporate limits, write RURAL and give township) 18 OR TOWN St. Louis 2189 | | d. STREET ADDRESS (If rural, give location) 1311 So. Spring Avenue | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital | | | | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) Major | | | a. (First) | | b. (Middle) | | c. (Last) Ross | | | | |
| 4. DATE OF DEATH May 21 1950 | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married / | | 8. DATE OF BIRTH 1-14-'90 | | 9. AGE (In years last birthday) 60 | | 10. F UNDER 1 YEAR Months Days | | | |
| 5. SEX Male 2 | | 6. COLOR OR RACE Negro | | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0 | | 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter | | 10b. KIND OF BUSINESS OR INDUSTRY Ind. Packing Co. | | 13a. FATHER'S NAME Major Ross | | 13b. MOTHER'S MAIDEN NAME Lizzie Jackson | | 14. NAME OF HUSBAND OR WIFE Alma Ross | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Alma Ross | | ADDRESS 1311 S. Spring Ave. | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | | | Cerebral Hemorrhage | | | | Undet. | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | ANTECEDENT CAUSES | | | | | | | |
| | | | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | | | |
| | | | | DUE TO (b) Hypertensive Heart Disease | | | | | | | |
| | | | | DUE TO (c) | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | H/OX | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | | | |
| 22. I hereby certify that I attended the deceased from 5-14, 19 50 to 5-21, 19 50, that I last saw the deceased alive on 5-21, 19 50, and that death occurred at 5:55a m., from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE James J. Hedrick, M. D. | | | | 23b. ADDRESS 2601 N Whittier St | | | | 23c. DATE SIGNED 5-22-50 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 5/25/50 | | 24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | | | | | |
| DATE REC'D BY LOCAL REG. 24 1950 | | REGISTRAR'S SIGNATURE J. B. Barater | | 25. FUNERAL DIRECTOR'S SIGNATURE Russell Und., Co. | | ADDRESS 2732 Pine Blvd. | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Kelly

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Clark Young*

Signed.....
Student Embalmer

Licensed Embalmer No. *3374*

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.