

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2941**
40

FILED JAN 19 1951
BIRTH NO. **18247-50** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1002** 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) OR TOWN St. Louis,		c. LENGTH OF STAY (in this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		2249
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital			d. STREET ADDRESS (If rural, give location) 3857 Minnesota Ave.		
3. NAME OF DECEASED (Type or Print) a. (First) Kenneth		b. (Middle) Bernard		c. (Last) Ross	
4. DATE OF DEATH (Month) (Day) (Year) January 2, 1950		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH March 6, 1950		9. AGE (In years last birthday) 9 MONTHS 26 DAYS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Arthur C. Ross		13b. MOTHER'S MAIDEN NAME Frances M. Schultz	
14. NAME OF HUSBAND OR WIFE Child		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. None	
17. INFORMANT'S SIGNATURE OR NAME Arthur C. Ross		ADDRESS 3857 Minnesota Av.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastro-enteritis, probably viral INTERVAL BETWEEN ONSET AND DEATH 3 d ANTECEDENT CAUSES Adrenal hypoplasia. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS mesenteric Lymphadenopathy 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 checked="" type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 3710	
22. I hereby certify that I attended the deceased from Jan 2, 1951 , to Jan 2, 1951 , that I last saw the deceased alive on Jan 2, 1951 , and that death occurred at 7:51 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE J. W. White (Degree or title) M.D.		23b. ADDRESS 4500 Olive		23c. DATE SIGNED 1/3/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/4/51		24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary ADDRESS 2842 Meramec St			
DATE REC'D BY LOCAL REG. JAN 3 1951		REGISTRAR'S SIGNATURE J. B. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Louis, 18 Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 me

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Joe B. Benz

Signed.....
Student Embalmer

Licensed Embalmer No..... *4249*

P. O. Address 2842 Meramec St.
St. Louis, 18 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.