

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10511**
2596
Registrar's No.

FILED MAR 29 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 25yrs		d. STREET ADDRESS (If rural, give location) 6224 McPherson	
d. FULL NAME OF HOSPITAL OR INSTITUTION Res. 6224 McPherson			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Margaret	b. (Middle) Ellen	c. (Last) Ross	(Month) (Day) (Year) March 18, 1952

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan. 14, 1952	9. AGE (In years, Months, Days) 7yrs	IF UNDER 1 YEAR Hours Min.
--------------------	------------------------------	--	--	--	----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Past Pres. of Rubicam Secy. School	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Keokuk, Iowa	12. CITIZEN OF WHAT COUNTRY?
--	-----------------------------------	--	------------------------------

13a. FATHER'S NAME Presley Ross	13b. MOTHER'S MAIDEN NAME Catherine Carr	14. NAME OF HUSBAND OR WIFE None
---	--	--

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 Dan Rubicam	ADDRESS 6224 McPherson
---	--	---	----------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH one year
	ANTECEDENT CAUSES Morbid 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 Conditions contributing to the death but not related to the disease or condition causing death. S emility		

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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H200
---	--	---

22. I hereby certify that I attended the deceased from **Oct. 1937**, to **March 18, 1952**, that I last saw the deceased alive on **Mar. 17, 1952**, and that death occurred at **11:20 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE H. G. Newman	(Degree or title) M. D.	23b. ADDRESS 3720 Washington Ave	23c. DATE SIGNED 3-18-52
---------------------------------------	-----------------------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE March 20, 1952	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo
---	------------------------------------	--	--

DATE REC'D BY LOCAL REG. MAR 19 1952	REGISTRAR'S SIGNATURE J. Carl Smith, D. P.	25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Son	ADDRESS 6175 Delmas
--	--	--	-------------------------------

Dr. Harold Newman
3750 Washington
Je 4515

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.....
Student Embalmer

Signed jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 2175 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.