

No. 300
10.48

FILED JUN 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18469
4327
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) OR TOWN ST. LOUIS, MISSOURI		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #		d. STREET ADDRESS (If rural, give location) 19 3832 Westminster Place	
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) LESLIE c. (Last) ROSS		4. DATE OF DEATH (Month) (Day) (Year) MAY 8, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Nov. 30, 1895
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (City and State or Foreign Country) Commerce, Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY N11	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Robert G. Ross		13b. MOTHER'S MAIDEN NAME Sarah Naomi Ancell	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW #I		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James F. Ross Route #I Commerce, Mo.
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.		MEDICAL CERTIFICATION "PROBABLY BRAIN TUMOR METASTATIC ADENOCARCINOMA " INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES 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.			
19a. DATE OF OPERATION 3/26/52	19b. MAJOR FINDINGS OF OPERATION TUMOR, BRAIN, PT. PARIETAL		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)	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 3-14-52 , 19___, to 5-8-52 , 19___, that I last saw the deceased alive on 5-8-52 , 19___, and that death occurred at 12:05A.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Victor B. Kieffer Jr. M.D.		23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 5-8-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/9/52	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks 23, Mo.
DATE REC'D BY LOCAL REG. MAY 9 1952	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. Hofmeister Undertaking & Fivery Co. 7814 South Broadway St. Louis II, Mo.	

Primary site of carcinoma Rt. Lung upper lobe. m.c. #

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student, Embalmer

Signed Louis E Hoffmeier

Licensed Embalmer No. 3871

P. O. Address 7814 S Broad

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.