

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 25 1955

State File No. 4197
Registrar's No. 4197

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4197	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 11 Days		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hospital				STREET ADDRESS (If rural, give location) 16 3979a Hartford St. 2100			
3. NAME OF DECEASED (Type or Print) a. (First) Alice b. (Middle) M. c. (Last) Ross			4. DATE OF DEATH (Month) (Day) (Year) May 10 1955				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 27, 1871		9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) Monticello, Ill. /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Richard Stickel		13b. MOTHER'S MAIDEN NAME Alice May Smith		14. NAME OF HUSBAND OR WIFE John 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. No		17. INFORMANT'S SIGNATURE OR NAME John Ross ADDRESS 3979a Hartford St.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes mellitus Fracture of R. femur Cardio-vascular-Renal disease PREVIOUS CAUSES DUE TO (b) Fracture of R. femur DUE TO (c) Cardio-vascular-Renal disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility					INTERVAL BETWEEN ONSET AND DEATH Apr. 30/55	
19a. DATE OF OPERATION Apr. 30/55	19b. MAJOR FINDINGS OF OPERATION R. femur - Inter-trochanteric fracture - nailed					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Fell in home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis E9020 Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) Apr. 30 1955			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? It was getting out of bed & fell.						
22. I hereby certify that I attended the deceased from Apr. 30, 1955 , to May 10, 1955 , that I last saw the deceased alive on 2:30 PM 1955 , and that death occurred at 1:10 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE L. Pollock (Degree or title) M.D.				23b. ADDRESS 311 SOUTH GRAND BLVD		23c. DATE SIGNED 5/11/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE May 12, 1955	24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		24d. LOCATION (City, town, or county) (State) St. Louis, Mo			
DATE REC'D BY LOCAL REG. MAY 12 1955	REGISTRAR'S SIGNATURE J. Earl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister Colonial Mortuary 6264 Chippewa St., St. Louis, Mo.			

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.....
Signature of Student Embalmer

Signed *Levin C. Hoffman*

Licensed Embalmer No. 38

P. O. Address 7814

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.