

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

29353
Do not use this space.

SEP 10 1937

1. PLACE OF DEATH
 (a) County.....
 (b) Township.....
 (c) City St. Louis, Mo. (d) Street No. Dea. Jones Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lora Gross
 (a) Residence, No. 3945 Lexington St. 10
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry Gross
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1, 1896
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 6 23
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At. Home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
 13. NAME William Kelly
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Sarah Glaves
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Harry Gross
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem DATE Aug 27 1937

19. FUNERAL DIRECTOR Aston L & Co.
 (ADDRESS) 2707 N. Grand Ave

20. AUG 26 1937 19 J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24 1937

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....
 I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 1:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Hemorrhage due to Basal fracture of Skull suffered when she fell her head and fell backward out of the window to the concrete basement steps.
 Other contributory causes of importance:
on August 24, 1937 at about 9:00 a.m.

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury 8/24/1937
 Where did injury occur? St. Louis, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. In home
 Manner of injury See Above
 Nature of injury See Above

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Joseph M. Quinn, M.D.
 (Signed) Joseph M. Quinn
 (Address) Deputy Coroner

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Elton R. H. Remelius, Licensed Embalmer No. 3154

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Elton R. H. Remelius

Licensed Embalmer No. 3154

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.)