

REC'D APR 10 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH11245
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 1
 (b) Town Paris Primary Registration District No. _____ Registered No. _____
 (c) City Paris (d) Street No. Valley Park R.R. #1 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mary Crossgloss

(a) Residence, No. R.R. #1 St. Valley Park Mo.
 (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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter Crossgloss		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27 1856		
7. AGE	YEARS	MONTHS
	82	11
		28
	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. Housework	
	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)	Affton, Missouri	
FATHER	13. NAME Fred Kettler	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
MOTHER	15. MAIDEN NAME Elizabeth Rennecker	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
17. INFORMANT (ADDRESS)	William Crossgloss Valley Park Mo. R.R. #1	
18. BURIAL, CREMATION, OR REMOVAL PLACE	Park Hill Cem. DATE 3/27/39 , 19__	
19. FUNERAL DIRECTOR (NAME) (ADDRESS)	Louis H. Boyer 131 W. Argonne Dr Kirkwood Mo	
20. FILED	19__	

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/25/39**, 19__

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1926, to March 24, 1939
 Last saw her alive on March 24, 1939. Death is said to have occurred on the date stated above, at 1 A.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Other contributory causes of importance:
Chronic nephritis
Myo-cardial degeneration

Name of operation _____ Date of _____
 What test confirmed diagnosis? Lab. & P.H. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19__
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) Walter L. Sellen, M. D.
 384 (Address) Affton

Date of onset

3/24/39

1920

1922

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.....

John M Meyer

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

John M Meyer

Licensed Embalmer No. *30288*

P. O. Address.....

Kirkwood, 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, above space should be left blank.

ROBERTA CH. CO. INC. REC'D

B
5

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

11245-
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 423
(b) Township Rock Primary Registration District No. 5378
(c) City..... (d) Street No..... Registered No. 19
(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 Mary Grossglass

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter Grossglass

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 11 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House
9. Industry or business in which work was done, as saw mill, bank, etc. work
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) Afton Mo

13. NAME Fred Kettler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Elizabeth Kanneker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany Mo

17. INFORMANT (ADDRESS) William Grossglass
Valley Park Mo R.R. #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Hill Cem DATE 3/27 1939

19. FUNERAL DIRECTOR (ADDRESS) Louis H. Bupp
131 Argonne Park

20. FILED May 13 1939 Phil J. Kirk
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/25 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-12 to Feb 24, 1939
I last saw him alive on Feb 24, 1939. Death is said to have occurred on the date stated above, at 1 A. M.
The principal cause of death and related causes of importance were as follows:

Coronary Hemorrhage
Other contributory causes of importance: Chr nephritis
myo Cardial degeneration
Date of onset 3/24/39

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Walter T. Hillion, M. D.
(Address) Afton Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
N. B. Every item of information should be carefully verified. 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.

CORONARY HEMORRHAGE

MAY 12 1969