

MAY 15 1940
Registration District No. 7

791

Primary Registration District No.

1003

Registrar's No.

3247

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community, 83 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8581 Park Lane
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th
year 1940 hour 12 minute 15 P.M.
21. I hereby certify that I attended the deceased from 4-4-40
to 4-7-40, 1940
that I last saw her alive on 4-7-40, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Stress
Disturbance: obstruction
respiration as to malignancy
Due to not determined

Due to _____
Other conditions Coronary heart
(Include pregnancy within 3 months of death)

Major findings: failure - Pulmonary edema
no definite heart
disease
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature L. A. Mellis (M. D. or other) _____
Address 2743 N. Grand Date signed 4-9-40

3. (a) PRINT FULL NAME Laura Gross 620

8. (b) If veteran, name war No 8. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry Gross 6. (c) Age of husband or wife if alive Nil years

7. Birth date of deceased October 9 1856
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 28
If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name David Pembridge

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Dressel

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred Brindon

(b) Address 8573 PARK LANE

17. (a) Burial (b) Date thereof April 9 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Sudmyer
(b) Address 3934 N. 20th St.

19. (a) APR 8 1940 (Date of local burial) (b) J. F. Budick (Registrar's signature)

WRITE PLAINLY—USE 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.....

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

working under my personal supervision.

Signed

Alfred J. Boedeker

Licensed Embalmer No. *2663*

P. O. Address *4204 Prairie*

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.