

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 9356

1. PLACE OF DEATH:

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

USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
 (c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
 (d) Street No. 7145 VIRGINIA AV.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME CHARLES H. GROSSE .SR.

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HENRIETTA 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased AUG 28 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>2</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace NEW ORLEANS LA.
(City, town, or county) (State or foreign country)

10. Usual occupation STEEL WORKER

11. Industry or business RETIRED

12. Name MARTIN GROSSE

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

14. Maiden name WILHEMINA
(City, town, or county) (State or foreign country)

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

16. (a) Informant Chas. H. Grosse

(b) Address 7171 VIRGINIA

17. (a) BURIAL (b) Date thereof NOV. 15 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EV. LUTN. ST. TRINITY CH.

18. (a) Signature of funeral director J. B. Fenwick

(b) Address 7128 Michigan

19. (a) NOV 14 1940 (b) _____
(Date received local registrar) (Date of registration)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
 year 40 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept. 4, 1940
 _____, 1940 to Nov. 13, 1940;
 that I last saw him alive on Nov. 12, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Myocardial Failure</u>	<u>48 hrs.</u>
<u>Chronic myocarditis</u>	
Due to <u>Hematuria - of unknown origin</u>	<u>1 month</u>
Due to <u>unknown as to stones</u>	
Other conditions <small>(Include pregnancy within 3 months of death)</small>	
Major findings: Of operations <u>ABC</u>	PHYSICIAN _____
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) (a) Means of injury

23. Signature Dwight Benjamin (M. D. or other) 2nd
 Address 7408 Michigan Date signed 11/13/40

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

J. C. Fendler, Jr.

Licensed Embalmer No.

925

P. O. Address

ST. LOUIS, 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.