

Filed JUL 6 1942

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1401

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days  
(Specify whether)

In this community 9 years, months or days  
(Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Ferguson  
(If outside city or town limits, write "RURAL")

(d) Street No. Mable & Carson Rd.  
(If rural, give location)

(e) Citizen of foreign country? no / (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frank Gross

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex male 2 5. Color or race colored

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ella Frank

6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Dec. 25 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>6</u>	<u>0</u>	hr. _____ min.

9. Birthplace Jonesburg Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation plasterer

11. Industry or business unemployed

MOTHER FATHER { 12. Name William Gross

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

14. Maiden name Unknown Luke

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

16. (a) Informant Records Room

(b) Address ST. LOUIS CO HOSP

17. (a) Burial (b) Date thereof June 30 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bros

(b) Address JUN 30 1942

19. (a) \_\_\_\_\_ (b) E. M. Gannon  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 25  
year 1942 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 6-16-42  
19\_\_\_\_ to 6-25-42, 19\_\_\_\_;

that I last saw him alive on 6-25-42, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure  
Duration weeks

Due to Ischemic Heart Disease  
Duration years

Due to Generalized Arteriosclerosis

Other conditions Aneurysm Thoracic Aorta  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 30

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
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) (Means of injury)

23. Signature Edward Beck (M. D. or other) \_\_\_\_\_

Address St. Louis Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

96  
29  
3

96

6

2

1

101

**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..... *Louis V. Atkins*  
Licensed Embalmer No. *152842*  
P. O. Address. *3644 Finney*

**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, fact should be so stated above.**