

FILED OCT 28 1942
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8727**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2331 S. 10th St. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community **35 years in St. Louis.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(If rural, give location)
 (c) City or town **2331 S. 10th St.** **12** **923**
(If outside city or town limits, write "RURAL")
 (d) Street No. **St. Louis**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **GEORGE GROSS**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Katherine Gross.** 6. (c) Age of husband or wife if alive **53** years
 7. Birth date of deceased **Dec 17 1885**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 **10** **2** hr. _____ min.

9. Birthplace **HUNGARY** **4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Shoe Maker**

11. Industry or business **Repair Shop**

MOTHER FATHER { 12. Name **Nicholas Gross**
 13. Birthplace **Hungary** **4**
(City, town, or county) (State or foreign country)
 14. Maiden name **Julia Kimmel**
 15. Birthplace **Hungary** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Katherine Gross**

(b) Address **2331 S 10th St.**

17. (a) **Burial** (b) Date thereof **Oct 22/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SunSet Park**

18. (a) Signature of funeral director **Modutis & son**

(b) Address **2906 Gravois Ave**

19. (a) **OCT 21 1942** (b) **J. F. Bredet**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **19**
 year **1942** hour **12 40 P.** minute _____ M.

21. I hereby certify that I attended the deceased from **June 15**, 19____ to **Oct 19**, 19____
 that I last saw him alive on **Oct 18**, 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Pulmonary Tuberculosis**

Due to _____
 Due to _____
 Other conditions **Anemia Gen Debility**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following **no**
 (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 _____
 Signature **J. F. Bredet** (M. D. or other) **0 3/22**
 Address **2202 S. Gravois** Date signed **10/20/42**

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

3

D. 12/1/00
APR 1/01

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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Harvie

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.