

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 10 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37901

State File No. _____
Registrar's No. 420

Registration District No. 310 Primary Registration District No. 3058

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

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one hour
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bessie Gross
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 10 year 1942 hour _____ minute 11 A M.
21. I hereby certify that I attended the deceased from Nov. 10 1942 to Nov. 10 1942
that I last saw him ✓ alive on Nov. 10 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Louis Gross 6. (c) Age of husband or wife if alive ✓ years _____
7. Birth date of deceased March 10 1877
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion
Due to Hypertension
Due to _____
Other conditions (Include pregnancy within 3 months of death) 94a
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 65 Months 8 Days 0 If less than one day _____ hr. _____ min.

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 J. J. [unclear] (M. D. or other) _____
Address [unclear] Date signed 11-13-42

9. Birthplace Pine Creek Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Practical Nursing
12. Name Henry Stein
13. Birthplace Unknown - Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Stratt
15. Birthplace Unknown - Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred O. Homeyer
(b) Address St. Charles, Mo.
17. (a) Burial (b) Date thereof Nov. 13 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles Burial Home

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co
(b) Address 801 N. Second, St. Charles, Mo.
19. (a) 11-12-72 (b) Caroline P. [unclear]
(Date local registrar) (Registrar's signature)
477 (Licensed Embalmer's Statement on Reverse Side)

Dwelling 4 hr.
?
Underline the cause to which death should be charged statistically.

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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 John E. Dallmeyer
Licensed Embalmer No. 2951
P. O. Address St Charles 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, fact should be so stated above.