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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 31 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4296

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 126

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 009

(a) State Missouri (b) County 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 5822 Garesche Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Anthony B. Gross

3. (b) If veteran, name war None

3. (c) Social Security No. 494-01-2894

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife Anna Gross

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased April 1. 1894 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
49	9	20	hr. min.

9. Birthplace St. Louis, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Manufacturer

11. Industry or business Paint and Varnish

FATHER
12. Name John Gross
13. Birthplace unknown Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Deiss
15. Birthplace unknown Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Gross
(b) Address 5822 Garesche Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [signature]
(b) Address 2117 E. Grand Blvd.

19. (a) JAN 24 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1944 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from Nov. 1943, to 1-21- 1944
that I last saw him alive on 1-21- 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Recurrent Carcinoma of left tongue and neck operated 1-19-44.	2 mos.
Due to Broncho-pneumonia.	1 day
Due to	
Other conditions (Include pregnancy within 3 months of death) 45a	

Major findings:
Of operations Cancer from left tongue into left neck.
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Charles F. Sherwin (M. D. or other)
Address 3720 Washington Date signed 1/22/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Chas. J. Sherwin
3720 Washington
Je. 6.7.44
1-3

FEB 7 1944

FEB 3 1944

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E Gra

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.