

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7396
Registrar's No. 474

Registration District No. 377 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town Vinita Park,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8364 Midland Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community _____ years, months or days)

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

4. Sex Male, race White, 5. Color or race _____
6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife Gertrude R. Gross,
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased June 18, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>8</u>	<u>15</u>	hr. min.

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

10. Usual occupation Stone Mason,

11. Industry or business Self Employed,

12. Name Lawrence Gross,

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

14. Maiden name Don't Know,

15. Birthplace Don't Know,
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Nichols,

(b) Address 3728 Ohio Ave.,

17. (a) Burial, (b) Date thereof 3/6/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery,

18. (a) Signature of funeral director Gebken-Benz Mortuary,
(b) Address 2842 Meramec St.,

19. (a) 3-5-47 (b) Paul J. Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County St. Louis,
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. Alber Hotel, 2100 No. Broadway.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd
year 1947 hour 1:20 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 2, 1947 to March 3, 1947
that I last saw him alive on March 3, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Lobar)
Duration 2 days

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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)
(e) Means of injury _____

23. Signature C. E. Sterling (M. D. or other) _____
Address 2050 North South Rd Date signed 4/7/47

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.