

No. 2
-12-45
5-17-39
I, X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 31 1947
311

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11928
Registrar's No. 659

Registration District No. 311 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Koch
(c) Name of hospital or institution Koch Hosp. D
(d) Length of stay: In hospital or institution 3 mo 16 days
In this community 18 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo.
(b) County St. Louis
(c) City or town St. Louis
(d) Street No. 1814 Biddle
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MARY GROSS
3. (b) If veteran, name war —
3. (c) Social Security No. yes?
4. Sex FEM 5. Color or race col
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ORVILLE GROSS
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased 1-16-05

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 17
year 1947 hour 12 minute 10 P.M.
21. I hereby certify that I attended the deceased from 10-1-1946 to 3-17-1947
that I last saw her alive on 3-16-1947
and that death occurred on the date and hour stated above!

Immediate cause of death Pulmonary Tbc
Due to 136
Due to —
Other conditions The Enteritis
The Endo Bronchitis
Major findings: —
Of operations —
Of autopsy —

8. AGE: Years 42 Months 2 Days 1
9. Birthplace Miss
10. Usual occupation Nil
11. Industry or business —
12. Name —
13. Birthplace —
14. Maiden name LMA GIBSON
15. Birthplace —

16. (a) Informant RECORD of Pt.
(b) Address —
17. (a) (b) Date thereof 3-27-47
(c) Place: burial or cremation Oak Park Cem.
18. (a) Signature of funeral director —
(b) Address —
19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

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? —
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? —
(e) Means of injury —
23. Signature Bernard Friedman (M. D. or other) —
Address Koch Hosp Date signed 3/17/47

3-22-47 — (Record Embalmer's Statement on Reverse Side) Koch, Mo

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

Signed

Harold J. Goodell

Licensed Embalmer No.

4243

P. O. Address

*927 N. Elm Ave
Detroit, Mich*

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.