No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35775

FILED NOV 14 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10096

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran Hospital 0
(If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution 10 Days (Specify whether

In this community 70 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Lemay 0
(If outside city or town limits, write "RURAL")

(d) Street No. 822 Pardella Avenue 0
(If rural, give location)

NR

(e) Citizen of foreign country? No (Yes or No) /

If yes, name country —

3. (a) PRINT FULL NAME Emilie H. Gross

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F /

5. Color or race W

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

6. (b) Name of husband or wife Louis

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased February 14, 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	8	17	hr. min.

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

10. Usual occupation At Home

11. Industry or business —

FATHER
12. Name Fred Fath
13. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Schmellenbach
15. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Gross
(b) Address 822 Pardella Avenue

17. (a) Burial (b) Date thereof Nov. 3, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Churchyard

18. (a) Signature of funeral director BEIDERWIEDEN F.H. INC.
(b) Address 1936 St. Louis Avenue

19. (a) NOV 1 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31st,
year 1947 hour 3: minute 53 A. M.

21. I hereby certify that I attended the deceased from 29 Sept 1947, to 31 Oct 1947;
that I last saw her alive on 30 Oct. 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Art sclerotic
Heart disease —
Chronic myocarditis &
Due to Myocardial Degeneration ?

Due to

Other conditions Carcinoma of Transverse
(Include pregnancy within 3 months of death)
colon & Liver metastasis

Major findings:
Of operations above.

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? 6
(Specify type of place)

While at work? (e) Means of injury

23. Signature George A Young (M. D. or other) MD

Address 5439 Gravois Date signed 31 Oct 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

5439 Gravois
1-3

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

Signed Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.