

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6147

State File No. _____
Registrar's No. **1123**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 1123							
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis Mo		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		2199									
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hosp				d. STREET ADDRESS (If rural, give location) 19 4149 Laclade											
3. NAME OF DECEASED (Type or Print) JENNIE GROSS			a. (First)			b. (Middle)			c. (Last)						
4. DATE OF DEATH 2 4 51			(Month)			(Day)			(Year)						
5. SEX F		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 9/12/73		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Hours		IF UNDER 1 MIN. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Hungary				12. CITIZEN OF WHAT COUNTRY? _____					
13a. FATHER'S NAME Samuel Gross				13b. MOTHER'S MAIDEN NAME Hannah Meyer				14. NAME OF HUSBAND OR WIFE _____							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____											
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemiplegia left. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis chr. myocarditis. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										INTERVAL BETWEEN ONSET AND DEATH Jan 14th to Feb 4th 1951			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H221-											
22. I hereby certify that I attended the deceased from 1-14 , 19 51 , to 2-4 , 19 51 , that I last saw the deceased alive on 2-4 , 19 51 , and that death occurred at 6:00 P.M. , from the causes and on the date stated above.															
23a. SIGNATURE M. J. Mason				(Degree or title) M.D.				23b. ADDRESS 7158 Manchester Blvd		23c. DATE SIGNED 2-5-51					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/6/51		24c. NAME OF CEMETERY OR CREMATORY Mt Olive		24d. LOCATION (City, town, or county) St Louis Co.		(State) _____							
DATE REC'D BY LOCAL REG. FEB 5 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Mayer ADDRESS 4356 LINDELL BLVD											

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Sam Dentley

Signed

Student Embalmer

Licensed Embalmer No. _____

3663

P. O. Address _____

St Louis, 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.