

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

6464

1191

2009  
0

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

BIRTH NO. ....		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. ....	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY				a. STATE <u>Illinois</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township)		8120	
<u>St. Louis No. 36th</u>		<u>3 1/2 hrs</u>		<u>Granite City</u>		<u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
<u>St. Louis Childrens Hospital</u>				<u>2233 Dewey</u>			
3. NAME OF DECEASED			4. DATE OF DEATH			(Month) (Day) (Year)	
a. (First) <u>Daniel</u>			b. (Middle) <u>Lee</u>			c. (Last) <u>Gross</u>	
(Type or Print)			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH	
<u>male</u>			<u>single</u>			<u>2-1-51</u>	
5. SEX		6. COLOR OR RACE		9. AGE (In years last birthday)		IF UNDER 1 YEAR	
<u>male</u>		<u>wh</u>		<u>4</u>		IF UNDER 24 HRS. (Specify)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
						<u>Granite City, Ill</u>	
12. CITIZEN OF WHAT COUNTRY?				13a. FATHER'S NAME			
<u>American</u>				<u>Vasil L Gross</u>			
13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE			
<u>Carlene Steggs</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
				<u>J. G. ...</u>		<u>506 So. Kerishy</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital atresia of colon and ileum.</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				DUE TO (b) _____			
				DUE TO (c) _____			
				II. OTHER SIGNIFICANT CONDITIONS			
				Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
<u>2/3/51</u>		<u>Congenital atresia of colon &amp; ileum. Distention of abdomen.</u>				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a) In or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		757.2	
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?			
22. I hereby certify that I attended the deceased from <u>2-3</u> , 19 <u>51</u> , to <u>2-5</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-5</u> , 19 <u>51</u> , and that death occurred at <u>2:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED	
<u>Dr. L. G. ...</u>				<u>Childrens</u>			
24a. YEAR FOR REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
		<u>Feb. 5, 51</u>		<u>St. Johns Cemetery</u>		<u>Granite City, Illinois</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE			
<u>FEB 6 1951</u>		<u>[Signature]</u>		<u>Frank Mercer City Ill</u>			

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.....

*Charles E. Mercer*

Signed.....

Student Embalmer

Licensed Embalmer No.

*2988*

P. O. Address

*Trante City Ia*

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.