

FILED JUN 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18952

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3065 Registrar's No. 2410

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Glendale		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Glendale	
c. LENGTH OF STAY (In this place) 41 Yrs		d. STREET ADDRESS (If rural, give location) 778 Elmwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION 778 Elmwood		e. STREET ADDRESS 778 Elmwood	

3. NAME OF DECEASED (Type or Print) a. (First) MAGDALENA b. (Middle) _____ c. (Last) GROSS			4. DATE OF DEATH (Month) (Day) (Year) 6-9-1951		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 18, 1866	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months _____ Days _____
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) Wittenberg Germany		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Rudolph Gross	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Otilia Gross ADDRESS 778 Elmwood	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cancer of Breast		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. 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.		INTERVAL BETWEEN ONSET AND DEATH 10 years	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 170X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 Feb 1934, to June 9, 1951, that I last saw the deceased alive on June 9, 1951, and that death occurred at 9:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Earl Brand MD		23b. ADDRESS Webster Groves Mo		23c. DATE SIGNED 6/11/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-12-1951		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
24d. LOCATION (City, town, or county) (State) Kirkwood Mo.					

DATE REC'D BY LOCAL REG. 6-12-51		REGISTRAR'S SIGNATURE Hubert R. Dombke		25. FUNERAL DIRECTOR'S SIGNATURE McParker Aldrich ADDRESS Funeral Home, Webster Groves Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4001

Thomas J. ...

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed _____

Leslie Welch

Licensed Embalmer No. *4395*

P. O. Address *Walter Grove*

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.