

REGISTRATION DISTRICT NO. 318 Primary Registration District No. 1003 Registrar's No. 9168

-60-036147
STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 4 mos	c. CITY OR TOWN Kirkwood
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospn.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 731 Cranbrook Dr.

3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM HERBERT GROSS			4. DATE OF DEATH Month Day Year Sept. 15, 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-21-1909	9. AGE (last birthday) 51	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Ill. Watch Case Co.	11. BIRTHPLACE (City and state or country) Dothan, Ala.	12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME Herbert A. Gross	13b. MOTHER'S MAIDEN NAME Luella Decker	14. NAME OF HUSBAND OR WIFE Betty B. Gross
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. 493-10-5491	17. INFORMANT Kirkwood 22, Missouri Betty Gross-731 Cranbrook Dr.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>CARCINOMATOSIS</u>		4 mo
DUE TO (b) <u>CARCINOMA OF RECTUM</u>		24RS
DUE TO (c) <u>154x</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>7/30/59</u> to <u>9/15/60</u> and last saw her alive on <u>9/15/60</u> Death occurred at <u>731</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <u>James T. Hamilton M.D.</u>	22b. ADDRESS <u>7820 Cranbrook Dr</u>	22c. DATE SIGNED <u>9/16/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Sept. 17, 1960	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cem.	23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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24. FUNERAL DIRECTOR Pfitzinger Mort. Kirkwood 22, Mo.	25. DATE RECD. BY LOCAL REG. SEP 16 1960	26. REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herbert J. Stan Jr.

Licensed Embalmer No. 4800

P. O. Address Ridgewood

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.