

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

7576-62-028690  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. \_\_\_\_\_

DO NOT WRITE ON THIS STUB

AMENDED

**FILED AUG 13 1962**

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>  |   | c. CITY OR TOWN <b>Webster Groves</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>   |   | d. STREET ADDRESS (If outside, give location) <b>1141 So. Elm Ave.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED<br>(Type or print) First <b>Hugo</b> Middle <b>Carl</b> Last <b>Gross</b>   |   | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>31</b> Year <b>1962</b>  |  |
| 5. SEX <b>M.</b>  | 6. COLOR OR RACE <b>W.</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>  | 8. DATE OF BIRTH <b>12/13/67</b>   |
| 9. AGE (last birthday) <b>94</b>  |   | IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 24 HR<br>Hours _____ Min. _____   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Florist</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>   | 11. BIRTHPLACE (City and state or country) <b>Hillersdorf, Austria</b>   |
| 12. CITIZEN OF WHAT COUNTRY <b>USA</b>  |   | 13. FATHER'S NAME <b>William Gross</b>  |  |
| 14. MOTHER'S MAIDEN NAME <b>Ernstine Biscoff</b>  |   | 14. NAME OF HUSBAND OR WIFE <b>Frieda B. Gross</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)  |   | 16. SOCIAL SECURITY NO. <b>none</b>   | 17. INFORMANT <b>Henry E. Gross, 1141 So. Elm Ave.</b>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Myocardial Failure</b>   |   |   | INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Generalized Arteriosclerosis</b>  |   |   | <b>8 years</b>   |
| DUE TO (c) <b>Edema of Lungs</b>  |   |   | <b>2 hrs</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>450.0</b>  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><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<br>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 <b>1928</b> to <b>7/31/62</b> and last saw him alive on <b>7/31/62</b><br>Death occurred at <b>8:20</b> <b>PM</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE <b>Carl D Brand, MD</b> (Degree or title)  |   | 22b. ADDRESS <b>Webster Groves Mo</b>   | 22c. DATE SIGNED <b>8/2/62</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>  | 23b. DATE <b>8/3/62</b>   | 23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>   | 23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>   |
| 24. FUNERAL DIRECTOR <b>Parker-Aldrich, Webster Groves, Mo.</b> ADDRESS _____   |   | 25. DATE RECD. BY LOCAL REG. <b>AUG 2 1962</b>  | 26. REGISTRAR'S SIGNATURE <b>Loard Smith, M.D.</b>   |

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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STATE OF MISSOURI

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Leslie Holob

Licensed Embalmer No. 4395

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