

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

39019

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **1003**

Registered No. **21581**

City **St. Louis** (No. **Deaconess Hospital**) St. Ward)

2. FULL NAME

Lena Gross

(a) Residence. No. **5028 Thrush** St. **7** Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Not Known**

7. AGE YEARS abt. 52	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **at Home**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Hungary**
(STATE OR COUNTRY)

10. NAME OF FATHER **Not Known**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Hungary**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **McHerson**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Hungary**
(STATE OR COUNTRY)

14. INFORMANT **Joseph Gross**
(Address) **5028 Thrush Ave**

15. FILED **DEC - 1 1928** **May 6 Starks**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov 30 1928**

17. I HEREBY CERTIFY, That I attended deceased from **Nov 5** 1928, to **Nov 30** 1928

that I last saw him alive on **Nov 30** 1928, and that death occurred, on the date stated above, at **11:50 A.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108

CONTRIBUTORY (SECONDARY) **101 W**
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 Did an operation precede death..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) **Ernest Mueller**, M. D.

11/30 19**28** (Address) **340 W 14**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Calvary **Dec 3 1928**

20. UNDERTAKER ADDRESS

Math Hermann & Son 2161 Fair

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

2. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

