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

Do not use this space.

12251

1. PLACE OF DEATH
County: St Louis
Township:
City or Town: Richmond Heights No. St. Marys Hosp
Registration District No. 1170
Primary Registration District No. 62484
File No.
Registered No. 82
St. (Ward)

2. FULL NAME Ernestine Gross
(a) Residence. No. Lappington West Collins Rd Glendale
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U.S., if of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Gross

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 24 1833

7. AGE: Years 95 | Months 11 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

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) Hillensdorf
(STATE OR COUNTRY) Austria

PARENTS
10. NAME OF FATHER Wm Bisschoff
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Austria
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Austria

14. INFORMANT Herman W. Gross
(Address) Webster Groves

15. FILED 3/20 1929 C. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch. 17 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1929, to Mar. 17, 1929, that I last saw her alive on Mar. 17, 1929, and that death occurred, on the date stated above, at 7 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Dilitation 9 mo
95 yr
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Myocarditis
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) W. F. Owsley, M. D
3/19 1929 (Address) Webster Groves

*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 Walhalla — DATE OF BURIAL Mar 20 1929
20. UNDERTAKER Parker Lund Co — ADDRESS Webster Groves

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