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

Do not use this space.

File No. 19496

Registered No. 5089

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. 4608 Delmar Blvd., St. ..... Ward)

2. FULL NAME Daniel William Tross

(a) Residence. No. 4608 Delmar Blvd. St., 12 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 3, 1894.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	35	2	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis.
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER August Tross

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Ed Koenneke
(Address) 4608 Delmar

15. FILED MAY -6 1929 [signature] REGISTRAR

2-

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4th, 1929.

17. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1927, to May 4, 1929 that I last saw him alive on May 3, 1928, and that death occurred, on the date stated above, at 1:00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paresis Paralysis of Insane
75b (duration) 2½ yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic alcoholism
(duration) ..... yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? not known

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Fld 9 Sp-Spinal Ex

(Signed) W Dalsbury M. D.

May 4, 1929 (Address) 3658 Lafayette.

*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 SS. Peter & Paul

DATE OF BURIAL May 6, 1929.

20. UNDERTAKER Wacker-Heldeski

ADDRESS 2333 S. Bidwy

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.

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

State Of Missouri.)
) S. S.
City Of St. Louis.)

Be it remembered that on this 17 day of May 1929 personally appeared before me and to me known Mrs Gussie Koenneker who be duly sworn and on her oath states that she is the sister of William Tross, who died on the 4th day of May 1929 at 4006 Delmar Blvd. St. Louis, Mo. Affiant futher states that the correct name of William Tross is Daniel William Tross. The name of William Tross appeared on Burial Certificate. Purpose of said affidavit is to have correct name on record at the State Bureau of Vital Statistics.

Mrs Gussie Koenneker

Sworn to and subscribed before me this 17 day of May 1929.
My commission expires Feb. 24, 1933.

Clarence Wacker
Notary Public.

5-19496