JUL 23 1929

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 20770
Township — Primary Registration District No. 1001 — Registered No. 771
City St Joseph (No. Noyes Hosp St. Ward)

2. FULL NAME Elbert Gross
(a) Residence. No. 622 S. 9th St., 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 28 1910

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
19	2	21	

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

9. BIRTHPLACE (CITY OR TOWN) New York
(STATE OR COUNTRY) N.Y.

PARENTS
10. NAME OF FATHER George Gross
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Austria
(STATE OR COUNTRY) Hungary
12. MAIDEN NAME OF MOTHER Pauline Wechsler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Romania

14. INFORMANT Jack J. Gross
(Address) Sioux City Ia

15. FILED 6/20, 1929 John G. Utz
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 18 1929

17. I HEREBY CERTIFY, That I attended deceased from June 1st, 1929, to June 18, 1929, that I last saw him alive on June 18, 1929, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
(1) Shock - post operative
(2) Fracture of leg.
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) Septicaemia following auto accident (duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED In City.
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF June 18-1929
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Paul Forgrave M.D.
6-19, 1929 (Address) St Joseph, Mo

*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 Shaare Sholem — DATE OF BURIAL 6/19 1929
20. UNDERTAKER Heeman Funeral Home — ADDRESS 1946 Colhoun

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.

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