

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

Do not use this space.

14022

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. ISOLATION HOSPITAL)

File No.....
Registered No. 3340
St. 24th (Ward)

2. FULL NAME

Catherine Gross
(a) Residence. No. 2215 So. Seventh St. 23 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Gross</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>11-1-1860</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.
	<u>69</u>	<u>5</u>	<u>1</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER Fredrick Schultz

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

12. MAIDEN NAME OF MOTHER Don't Know

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

14. INFORMANT Joe Rappler
(Address) ISOLATION HOSPITAL

15. FILED 1930 Jan 27 1930
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-2 1930

17. I HEREBY CERTIFY, That I attended deceased from 3-31 1930, to 4-2 1930 that I last saw her alive on 4-2 1930, and that death occurred, on the date stated above, at 8:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Hepatitis
930
1108 B
150 B (duration) ? yrs. mos. ds.
CONTRIBUTORY Cellulitis foot leg following
(SECONDARY) varicose veins (duration) 8 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 90 B

DID AN OPERATION PRECEDE DEATH? 90 B DATE OF 90 B

WAS THERE AN AUTOPSY? 90 B

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) W. K. Kuehl M. D.

4-2 1930 (Address) ISOLATION HOSPITAL
*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 New St. Marcus DATE OF BURIAL Apr 5 1930

20. UNDERTAKER Weick Bros 2201 So Grand
ADDRESS

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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RECORD

