

MAY 28 1930

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

Do not use this space.

17313

1. PLACE OF DEATH

County *St. Louis*Registration District No. *1170*

Township

Primary Registration District No. *6288B*

City

Richmond (H.M.) Dr. T. G. W. Hospital

File No.

Registered No. *105*

St.

Ward)

2. FULL NAME

(a) Residence No. *5137**Cabanne*

St.

Ward.

St. Louis, Mo.

(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

Male

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

Donald Gross

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

Sept 6 1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*55**7*

8. OCCUPATION OF DECEASED

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

Superintendent

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

Structural Iron Work

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Herman

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Henry Gross

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Ona M. Gross

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

PARENTS

14. INFORMANT

(Address)

*Helen Kissner
4011^{1/2} Hydraulic*

15. FILED

*5/3 1930**G. B. Jensen*

REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

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

May 1st 1930

I HEREBY CERTIFY THAT I attended deceased from

that I last saw him alive on *May 30 1930* and that death occurred on the date stated above, at *St. Louis, Mo.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*47A**79A*

(duration) yrs. mos. ds.

CONTRIBUTOR (SECONDARY)

Parasitosis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT A PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

May 1930

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *W. G. Jensen*

M. D.

, 19

(Address) *Miss. Club Bldg.*

*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

*Nathulla**May 5 1930*

20. UNDERTAKER

ADDRESS

*Trans. Metlage**3125 Lafayette*

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.

MAY 22 1957

ADDRESS