

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

791
1003

Do not use this space.

28125

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. City Infirmary) St. Ward.....

File No.....
Registered No. 8646
St. Ward.....

2. FULL NAME

Elizabeth Gross
(a) Residence, No. Infirmary St., 13 Ward.....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Gross

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-24-1851

7. AGE YEARS 80 MONTHS 11 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Robert Neil

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER 15. MAIDEN NAME Minerva Cheek

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Miss Effinger
City Infirmary

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington D. DATE 9/3 1932

19. UNDERTAKER (ADDRESS) Walter Richters
8500 Badger St

20. FILED SEP 27 1932 W. C. J. [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-31-1932

22. I HEREBY CERTIFY, That I attended deceased from 8-1, 1932, to 8-31, 1932
I last saw her alive on 8-31-1932 Death is said to have occurred on the date stated above, at 1:00 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset 9:30
97
162 930
Other contributory causes of importance: arteriosclerosis senile dementia

Name of operation.....
What test confirmed diagnosis? auscultation of heart sounds Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) Delbert A. Hays, M. D.
(Address) 5800 Arsenal St.

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.

