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

Do not use this space.

File No. 42497

Registered No. 11638

1. PLACE OF DEATH

County ..... Registration District No. 7811

Township ..... Primary Registration District No. 1000

City St. Louis, Mo. (No. 8581 Park Lane St. ..... Ward)

2. FULL NAME Henry J. Gross.

(a) Residence, No. 8581 Park Lane St., 8 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	Married.

5A. IF MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ HUSBAND OF (OR ~~WIFE OF~~) Laura P. Gross

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	76	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carriage

10. Date deceased last worked at this occupation (month and year) Dec. 1920.

11. Total time (years) spent in this occupation 40

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

FATHER

13. NAME Henry Gross

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

MOTHER

15. MAIDEN NAME Caroline Uhri

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

17. INFORMANT Miss Laura Gross
(ADDRESS) 8581 Park Lane

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine Cem. DATE 12/29/ 1932

19. UNDERTAKER Bergesch Undt Co
(ADDRESS) 3661 Washington Ave

20. FILED DEC 28 1932 19 Harry C. Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1932, to Dec 26, 1932

I last saw him alive on Dec 26, 1932. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
1 hr	
1 hr	

Other contributory causes of importance:
Chronic Enlarged Prostate

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? no
If so, specify .....

(Signed) John A. Poe, M. D.
(Address) 1497 Hodiamont Ave

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S. No. 2

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

MARGIN RESERVED FOR BINDING

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.