

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

Do not use this space.

27163

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis - Mo (No. 1975 Bond Ave Home) St. Ward)

File No.
 Registered No. 7400

2. FULL NAME

Joseph Gross
 (a) Residence, No. 1975 Bond Ave. 6 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? 40 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 Widowed

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>About</u>	<u>85</u>	<u>—</u>	<u>—</u>	<u>—</u>

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked in this occupation (month and year) 1/10 11. Total time (years) spent in this occupation. 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

13. NAME Benit Gross

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Alex Gross (ADDRESS) 1706 Syracuse - Unmoy

18. BURIAL, CREMATION, OR REMOVAL PLACE Central Kadoka DATE July 25 1934

19. UNDERTAKER (ADDRESS) Oxerhandler Funeral Parlor 4469 Washington Blvd

20. FILED J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1934 to July 24, 1934. I last saw him alive on July 23, 1934. Death is said to have occurred on the date stated above, at 6:40 am.

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

Mycocarditis
atherosclerosis
Chronic nephritis

Date of onset

Other contributory causes of importance: None

Name of operation None Date of operation None
 What test confirmed diagnosis? None Was there an autopsy? No

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) M. J. Kaldenson, M. D.
 (Address) 1706 Syracuse

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.

AUG 15 1934

