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

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.

DEC 13 1934

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

Do not use this space.

41345

File No.

Registered No. 11331

1. PLACE OF DEATH

County

Registration District No. 701

Township

Primary Registration District No. 1009

City St. Louis (No. 4321 Duke St. Ward)

2. FULL NAME Frank O. Gross

(a) Residence, No. 4321 Duke St., 15 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 Anna Gross

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16th. 1890.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
44	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beer Brewer

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 Christian Gross

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Anna Gross.
(ADDRESS) 4321 Duke St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory DATE Nov. 30th. 1934

19. UNDERTAKER Wacher-Helderle
(ADDRESS) 2331 S. Bdway.

20. FILED NOV 28 1934, 19 G. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26th. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1934 to Nov 26, 1934

I last saw him alive on Nov 26, 1934. Death is said to have occurred on the date stated above, at 11.50 m A.M.

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

	Date of onset
Pulmonary Tuberculosis	1932
Chronic Valvular Heart Disease	1932

Other contributory causes of importance:

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?

If so, specify

(Signed) Adam U. Youngman, M. D.

(Address) 4639 Grand