

JAN 10 1938.

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

42874
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **St. John's Hospital** St. **St.**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **1403 Salisbury** St. **26** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) **married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF **Nellie Gross**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **unknown**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 67
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Merchant**
9. Industry or business in which work was done, as saw mill, bank, etc. **Dry Goods**
10. Date deceased last worked at this occupation (month and year) **not 1-5-37** 11. Total time (years) spent in this occupation **40 yrs**
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**
13. NAME **Father Gross**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**
15. MAIDEN NAME **Rose**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**
17. INFORMANT (ADDRESS) **Al Gross 1403 Salisbury**
18. BURIAL, CREMATION, OR REMOVAL PLACE **Chesed Shel Emeth** DATE **Dec 3 '37**
19. FUNERAL DIRECTOR (ADDRESS) **Orenhandler Funeral Home 1469 Washington**
20. FILED **DEC 9 1937** **J. P. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 2 1937**
22. I HEREBY CERTIFY That I attended deceased from **Nov. 20 1937** to **Dec 2 1937**
I last saw him alive on **Dec 1 1937**. Death is said to have occurred on the date stated above, at **11:30a.m.**
The principal cause of death and related causes of importance were as follows:
Coronary thrombosis Date of onset **12-2-37**
Arteriosclerosis
Other contributory causes of importance: **Prostatic hypertrophy, adenoma**
Name of operation **Suprapubic cystotomy** Date of **11-20-37**
What test confirmed diagnosis? 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? **No**
If so, specify **Oren K. Timm** M. D.
(Address) **734 1/2 Manchester Ave. Maplewood.**

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.

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STATEMENT BY LICENSED EMBALMER

I, Willard Z. Openhandler, Licensed Embalmer No. 3669

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____
working under my personal supervision.

Signed Willard Z. Openhandler, Registered Apprentice No. _____
Licensed Embalmer No. 3669

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)