

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

800  
Do not use this space.

**1. PLACE OF DEATH** FEB 12 1938

(a) County ..... Registration District No. 791  
 (b) Township ..... Primary Registration District No. 11003A  
 (c) City ..... (d) Street No. 4606 ARSENAL ST. St. 620  
 (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** EDWARD W. GROSSE

(a) Residence, No. 4606 ARSENAL ST. St. 620  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**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** ROSA T. GROSSE

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** DEC. 25 - 1888

**7. AGE** YEARS 49 MONTHS — DAYS 24 If LESS than 1 day, hrs. or min.

**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.** Salesman

**9. Industry or business in which work was done, as saw mill, bank, etc.** Peter Hoffman Tobacco Co.

**10. Date deceased last worked at this occupation (month and year)** 50 years spent in this occupation

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** EVANSVILLE IND

**13. NAME** J. MARTIN GROSSE

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** FORT WAYNE IND

**15. MAIDEN NAME** DORA REHLING

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** CALLINSVILLE ILL.

**17. INFORMANT (ADDRESS)** ROSA T. GROSSE 4606 ARSENAL ST.

**18. BURIAL, CREMATION, OR REMOVAL PLACE** CALVEY CEM. DATE JAN 21 1938

**19. FUNERAL DIRECTOR (ADDRESS)** JOS. P. FENDLER, JR. 7128 MICHIGAN AV.

**20. FILED** JAN 19 1938 J. F. Bredeck Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Jan 18 1938

**22. I HEREBY CERTIFY, That I attended deceased from** Jan 17 1938 to Jan 18 1938  
 I first saw him alive on Jan 17 1938. Death is said to have occurred on the date stated above, at 6:50 a.m.

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

Other contributory causes of importance:  
—

**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) Louis H. Shorne, M. D.  
 (Address) 508 N. Grand Bl

1 X12004  
 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.

STATEMENT BY LICENSED EMBALMER

I, JOS. P. FENDLER JR., Licensed Embalmer No. 925

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

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Jos. P. Fendler Jr.

Licensed Embalmer No. 925

**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.)**