9754

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34212
8750

REC'D NOV 13 1939 791
Registration District No. 1008

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH: 1

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEECEASED: 1

(a) State Missouri (b) County

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2334 S. 9th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Eugene Gross Jr. 620

3. (b) If veteran, name war ----

3. (c) Social Security No. -----

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife -----

6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased March (Month) 25 (Day) 1937 (Year)

8. AGE: Years ~~Almost~~ 2 ~~Years~~ | Months 6 | Days 18 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Eugene M. Gross
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Helen Farek
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature E. M. Gross
(b) Address 2334 S. 9th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/39 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Wacker-Melderle
(b) Address 2331 S. Broadway

19. (a) OCT 13 1939 (Date received local registrar) (b) J. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12, year 1939 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from October 11, 1939 to October 12, 1939 that I last saw him alive on October 12, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Post Diphtheritic Paralysis	2 wks.
Due to: Diphtheria	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. E. Muhlemann (M.D. or other)
Address 1515 Lafayette, Date signed 10/13/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 X19511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Robert Cwheeler, Registered Apprentice No.....,

working under my personal supervision.

Signed Robert Cwheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo

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.)

If this body is not embalmed, above space should be left blank.