

No. 2  
-10-39  
17-39  
X21492

FILED SEP 25 1940

Registration District No. **7911**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Weeks  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County \_\_\_\_\_  
(c) City or town St Louis MO 26  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3318 N 11 Th Str  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3,  
year 1940 hour 8:20 minute P. M.  
21. I hereby certify that I attended the deceased from July  
14, 1940 to August 3, 1940;  
that I last saw her alive on August 3, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Pneumonia  
Due to 9-00 2 1/2  
Due to Ed. cancer caused  
Other conditions Osteomyelitis Subclavi  
Inoperable + Bacteria  
Major findings: Syphilis  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
\_\_\_\_\_  
PHYSICIAN  
\_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Margareth Gross 1270  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Charles Gross 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased July 23 D. 1887  
(Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 11 If less than one day hr. min.

9. Birthplace Austria Hungary 7  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Josepf Strinni  
13. Birthplace Austria Hungary 7  
(City, town, or county) (State or foreign country)  
14. Maiden name Elisabeth Knopp  
15. Birthplace Austria Hungary 7  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Gross  
(b) Address 3318 N. 11 Th Str 1940

17. (a) Burial (b) Date thereof Aug. 6 Th  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch  
(b) Address 3516 N. 14 Th STR

19. (a) AUG 5 1940 (b) \_\_\_\_\_  
(Date received from Registrar) (Signature of Registrar)

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature John J. Meany (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Ave. Date 8/5/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

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

Signed Harry J. Schumack

Licensed Embalmer No. 2679

P. O. Address 722 Tenney

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

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