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STANDARD CERTIFICATE OF DEATH

State File No. 30640
7917
Registrar's No.

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH: 709 517th St.
 (a) County: St Louis
 (b) City or town: St Louis
 (c) Name of hospital or institution: *Contraception Home & Shelter*
 (d) Length of stay: In hospital or institution: 13
 In this community: 35 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State: mo (b) County: 22
 (c) City or town: St Louis
 (d) Street No.: 1615A Clark Ave
 (e) If foreign born, how long in U. S. A.:

3. (a) PRINT FULL NAME: CHARLIE GROSS
 (b) If veteran, name war:
 (c) Social Security No.: 489-166359

20. DATE OF DEATH: Month 9 day 16
 year 1940 hour 1:15 minute 0 M.

4. Sex: male
 5. Color or race: negro
 6. (a) Single, widowed, married, divorced: married
 (b) Name of husband or wife: Goldie Gross
 (c) Age of husband or wife if alive: 54 years
 7. Birth date of deceased: July 4 1874

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death: *Chronic Myocarditis*

8. AGE: Years 66 Months 2 Days 12
 If less than one day: hr. - min. 1
 9. Birthplace: New Orleans, La
 10. Usual occupation: Barber

Due to: *Chronic Myocarditis*
 Due to: *Chronic Myocarditis*
 Other conditions:
 (Include pregnancy within 3 months of death)

11. Industry or business:
 12. Name: unknown
 13. Birthplace: unknown
 14. Maiden name: unknown
 15. Birthplace: unknown

Major findings:
 Of operations:
 Of autopsy:
 PHYSICIAN:
 Underline the cause to which death should be charged statistically.

16. (a) Informant: Mamie Gross
 (b) Address: 2055 15th St
 17. (a) Burial (b) Date thereof: 9-23-1940
 (c) Place: burial or cremation: Greenwood
 18. (a) Signature of funeral director: Susinda Thomas
 (b) Address: 2734 Sheridan Ave
 19. (a) SEP 23 1940 (b) J. B. Black

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?
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? (Specify type of place) (c) Means of injury: 5
 23. Signature: *Joseph M. [unclear]*
 Address: *12 [unclear]*

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.....

Myself

Registered Apprentice No.

working under my personal supervision.

*City License
#145*

Signed *Henry E. Huelerson*

Licensed Embalmer No. *4141*

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.