No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40783
10554

Registration District No. 791 1005

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:
(a) County 2
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2830 CAROLINE ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
0
(a) State MISSOURI (b) County
(c) City or town ST. LOUIS. 22
(If outside city or town limits, write "RURAL")
(d) Street No. 2830 CAROLINE ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME TENNIE L. GROSS.
3. (b) If veteran, name war NO.
3. (c) Social Security No. NO
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JAKE GROSS
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased MARCH (Month) 19 (Day) 1898 (Year)

8. AGE: Years	Months	Days	If less than one day
42	9	2	hr. min.

9. Birthplace VERMONT. (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWORK.
11. Industry or business OWN.

MOTHER FATHER
12. Name ? WEIL
13. Birthplace VERMONT. (City, town, or county) (State or foreign country)
14. Maiden name ? ?
15. Birthplace ? VERMONT. (City, town, or county) (State or foreign country)

16. (a) Informant Jake Gross
(b) Address 2830 Caroline
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 23 1940 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.
18. (a) Signature of funeral director E. J. Schmur
(b) Address 3125 Lafayette Ave
19. (a) DEC 23 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21 year 1940 hour 6 minute 7 M.
21. I hereby certify that I attended the deceased from 3 17, 1940, to Dec 21, 1940 that I last saw him alive on Dec 17, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency — Duration 9 mos
Due to Acute Dil of heart
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 Otto T. Walser (M. D. or other)
Address 2904 Park Ave Date signed 12/22/40

(Licensed Embalmer's Statement on Reverse Side)

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.....Jos B Vollm

Licensed Embalmer No.....4014

P. O. Address.....3125 Lafayette

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

If this body is not embalmed, fact should be so stated above.