

2606
-11-10-39
v. 5-17-39
-1 X21492

Registration District No.

7911

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether
In this community Life
years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 11
(d) Street No. Ozanam Shelter
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14
year 1940 hour 10:45 minute A. M.
21. I hereby certify that I attended the deceased from December
13, 1940, to December 14, 1940
that I last saw him alive on December 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Charles Gross
(b) If veteran, name war Unknown (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive Single years

7. Birth date of deceased Unknown Nov. 16 - 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation Nil.

11. Industry or business Nil.

12. Name UNKNOWN FRED GROSS

13. Birthplace ST. LOUIS, MO. Unknown
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN JOSEPHINE

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison

(b) Address St. Louis City Hospital #1

17. (a) BURIAL (b) Date thereof 12-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Hull & Kelly

(b) Address 1416 N. Taylor Ave

19. (a) DEC 20 1940 (b) J. H. Bredeck
(Under seal and reg. 1940) (Registrar's signature)

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 *Glen E. Henderson*
.....

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.