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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1173

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days
(Specify whether

In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Affton
(If outside city or town limits, write "RURAL")

(d) Street No. 5320 Staley Ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mary Ann Gross

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

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 Oct. 4 1937
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>3</u>	<u>7</u>	<u>30</u>	hr. _____ min. _____

9. Birthplace Affton Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation nil.

11. Industry or business _____

MOTHER FATHER { 12. Name Mike Gross

13. Birthplace unknown Hungary
(City, town, or county) (State or foreign country)

14. Maiden name Anna Scholyo

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

16. (a) Informant Mike Gross

(b) Address 5320 Staley

17. (a) 1785 Burial Lakewood Park (b) Date thereof 6-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Just Ziegenhein

(b) Address 7027 Gravois

19. (a) JUN - 4 1941 (b) D.R. Meyer M.D.
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1941 hour 10 minute 16 A.M.

21. I hereby certify that I attended the deceased from 5-6-41
to 6-3-41

that I last saw her alive on 6-3-41
and that death occurred on the date and hour stated above.

Immediate cause of death Brain abscess
Duration 2 wks

Due to Lymphosarcoma of Neck lymphatics
Duration 6 Mo

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 458
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature B.H. Stehler M.D. (M. D. or other) M.D.

Address Co. No. 1 Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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 C. P. Kichieel

Licensed Embalmer No. 3877

P. O. Address 7027 Travis

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, fact should be so stated above.