

No. 2  
1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29818

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7156

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Homer G Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days (Specify whether  
In this community 10 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
Missouri  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4338 Cottage  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 2  
year 1941 hour 6:18 minute \_\_\_\_\_ P. M.

4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Sep  
6. (b) Name of husband or wife Unk 6. (c) Age of husband or wife if  
alive Unk years  
7. Birth date of deceased October 26, 1879  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from  
August 30, 1941 to September 2, 1941  
that I last saw im alive on September 2, 1941  
and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 10 Days 6  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Arteriosclerotic Heart Disease  
Duration Unknown

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

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation Unk

11. Industry or business Unk

12. Name John Gross

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

14. Maiden name Dianah Hawkins

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

16. (a) Informant Florence A. Spotts

(b) Address Homer Phillips Hospital

17. (a) Burial (b) Date thereof 9-3-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 2620 Lawton

19. (a) SEP 3 1941 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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 J. W. Johnson (M. D. or other) 1  
Address 2601 N Whittier Date signed 9-3-41

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

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.....  
.....  
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**