

FILED MAR 17 1942 791

Registration District No. _____ Primary Registration District No. 100

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rutherford Hospital
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 7 Days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison
(c) City or town Granite City
(If outside city or town limits, write "RURAL")
(d) Street No. 2325 Grand Ave
(If rural, give location)
(e) Citizen of foreign country? no NR (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PAUL GROSS

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ANNA 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Feb. 13 - 1895
(Month) (Day) (Year)

8. AGE: Years 47 Months - Days 8 If less than one day hr. _____ min. _____

9. Birthplace Pittsburg, Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation MINISTER

11. Industry or business None

12. Name Paul Gross

13. Birthplace Albany New York
(City, town, or county) (State or foreign country)

14. Maiden name Anna

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

16. (a) Informant Anna Gross

(b) Address 2325 Grand Ave

17. (a) Removal (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield

18. (a) Signature of funeral director Chas E. Mueser

(b) Address Granite City Ill

19. (a) FEB 24 1942 (b) J.F. Debeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22nd
year 1942 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from 2-13-42, 19____ to 2-22-42, 19____;
that I last saw him alive on 2-22-42, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Perforated Duodenum / Ulcer (Benign) Duration 1 week

Due to _____
Due to _____

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

Major findings: Peritonitis General PHYSICIAN _____
Of operations _____
Of autopsy _____
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 D

23. Signature Thos H. Howard (M. D. or other) MD
Address 3657 Grand Blvd Date signed 2/23/42

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

MOTHER FATHER

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.....

Chas E Mencek

Licensed Embalmer No.....

2988

P. O. Address.....

Granite City

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.

STANDARD CERTIFICATE OF DEATH

State File No. 4400
Registrar's No. _____

State of MO

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Lutheran Hospo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 da
(Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison
(c) City or town Granite City
(If outside city or town limits, write RURAL)
(d) Street No. 2325 Grand Ave
(If rural, give location)
If foreign born, how long in U. S. A.? _____ years.

3. (a) FULL NAME Paul Gross

3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Feb. - 13 - 1895
(Month) (Day) (Year)

8. AGE: Years 47 Months - Days 8
If less than one day _____ hr _____ min.

9. Birthplace Pittsburg Penn
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace Albany New York
(City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant's own signature _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Feb day 22 year 1942 hour 9 minute a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Perforated Duodenal Ulcer (Benign)

Due to _____
Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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? _____ (e) Means of injury _____
(Specify type of glass)

23. Signature _____ (M. D. or other) _____

Address _____ Date signed M.D.

Duration _____
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PHYSICIAN

Underline the cause to which death should be charged statistically.

