V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 5 1942

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

36699

State File No. 1125

Registrar's No. 1025

11
1
7

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Hospital 0
(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) life
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1402 Dewey
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Anna Sylvia Gross

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John W. Gross

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 22, 1878 (Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 2 If less than one day hr. min.

9. Birthplace St. Joseph, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home

FATHER
12. Name George Michael Hauck
13. Birthplace France 5 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katharine Wagner
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant John W. Gross
(b) Address 1402 Dewey Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 27, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Clark Mortuary
(b) Address 5025 King Hill Ave.

19. (a) 11-27-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1942 hour 1:15 minute A M.

21. I hereby certify that I attended the deceased from Oct 26 Nov 27, 1942, to Nov 27, 1942 that I last saw her alive on Nov 22, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial failure

Due to Sylvic Anemia

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 W. N. Tyman (M. D. or other) MD
Address 411 Huntsville Date signed Nov 24 1942

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(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, ~~XXX~~ 11/24/42

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Earl A. Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph, 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, fact should be so stated above.