S. No. 2
OM—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4186

State File No. 16148

FILED JUN 4 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4730

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4465 Penrose St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John August Gross

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Augusta Gross

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

7. Birth date of deceased February (Month) 28, (Day) 1863. (Year)

8. AGE: Years 80 Months 2 Days 22 If less than one day hr. min.

9. Birthplace - - - (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Retired

11. Industry or business Soda Water

FATHER
12. Name Christ Gross
13. Birthplace - - - (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary Uding
15. Birthplace - - - (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Augusta Gross
(b) Address 4465 Penrose St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21, 1943. (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Fun. Home
(b) Address 4828 Natural Bridge Blvd.

19. (a) MAY 22 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1943 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 15, 1943, to May 20, 1943, that I last saw him alive on May 20, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure ~~Hypertension and~~ & generalized anasarca	
Due to Hypertensive cardio vascular disease	
Due to	
Other conditions Cirrhosis of liver -	
(Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. C. Abney (M. D. ~~or other~~)
Address BARNES HOSPITAL Date signed 6/20/43

(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, or by.....

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

working under my personal supervision.

Signed John A Milner

Licensed Embalmer No. 4186

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, fact should be so stated above.