

FILED MAY 31 1944  
519

Registration District No. ....

Primary Registration District No. 6078

Registrar's No. 21

1. PLACE OF DEATH:

(a) County STE GENEVIEVE

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State COLORADO (b) County

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

(d) Street No. 1425 EAST 25<sup>TH</sup>  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME THOMAS EDWARD GROSS

3. (b) If veteran, name war

3. (c) Social Security No. 523-09-1233

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 21 (ABOUT)  
year 1944 hour minute M.

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

4. Sex M

5. Color or race NEGRO

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 DECEMBER 17, 1923  
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death ACCIDENTAL? DROWNING

Duration

8. AGE:

Years	Months	Days	If less than one day
20	4	?	hr. min.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace DENVER, COLO.  
(City, town, or county) (State or foreign country)

10. Usual occupation SOLDIER

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business U.S. ARMY SER # 17145441

12. Name THOMAS E. GROSS

13. Birthplace KANSAS CITY, MO.  
(City, town, or county) (State or foreign country)

14. Maiden name ESTHER LEE

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

16. (a) Informant MRS. ESTHER GROSS

(b) Address 1425 E. 25<sup>TH</sup> - DENVER, COLO.

17. (a) REMOVAL (b) Date thereof 5/11-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FAIRMONT CEM. - DENVER, COLO.

18. (a) Signature of funeral director MILLER'S FUNERAL HOME

(b) Address FARMINGTON, MO.

19. (a) May 11/44 (b) T. W. Singlas  
(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) ACCIDENT?

(b) Date of occurrence ABOUT - APRIL 21 - 1944

(c) Where did injury occur? MISSISSIPPI RIVER  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
not known

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

23. Signature [Signature] Colonel  
Address STE GENEVIEVE, MO. Date signed 5/11-44

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

JULY 31 1944  
2 1944

MAR 1 1944

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~~ WAS SEALED  
IN A "METAL-SEAL" CASKET (U.S. ARMY REGULATIONS). Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Wm J. Stanton, Corone  
Licensed Embalmer No. \_\_\_\_\_  
P. O. Address St Genevieve, 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.