. S. No. 2
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ev. 5-17-39
I 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

FILED JUL 20 1945

Registration District No. 318

Primary Registration District No. 1003

State File No. 21981

Registrar's No. 5876

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:
Nursing Home 5861 Cates Ave
(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 Mo (b) County 000

(c) City or town St. Louis 17 5
(If outside city or town limits, write "RURAL")

(d) Street No. 5861 Cates Ave
(If rural, give location)

(e) Citizen of foreign country? 6 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frances Gross

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 7

6. (b) Name of husband or wife Juluis

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

7. Birth date of deceased March (Month) 6 (Day) 1866 (Year)

8. AGE: Years 79 Months 9 Days 28 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business at Home

FATHER
12. Name Bernard Haesch
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

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

16. (a) Informant Caroline Schwartz
(b) Address 4935a Potomac St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 7 (Day) 45 (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So. Kingshighway

19. (a) JUL 6 1945 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1945 hour 4110 PM minute M.

21. I hereby certify that I attended the deceased from June 1 - 45, 19, to July 4, 1945
that I last saw her alive on June 26, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Rectum

Due to

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 Chas W Miller (M. D. or other)
Address 4 D. Hinsfield Date signed 7/6/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Miller Humboldt

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 Edwin A. M. Dermatt

Licensed Embalmer No. 3024

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.