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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7485

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 1793

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Little Sisters of Poor 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-years (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 2017
(If outside city or town limits, write "RURAL")
(d) Street No. 3225 N. Floissant Ave. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William Gross

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced S. 0

6. (b) Name of husband or wife

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

7. Birth date of deceased May 24, 1882 (Month) (Day) (Year)

8. AGE: Years 63 | Months 8 | Days 28 | If less than one day hr. min.

9. Birthplace Tenn. 1 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Unknown Gross
13. Birthplace Tenn. 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amelia Unknown
15. Birthplace Unknown 0 (City, town, or county) (State or foreign country)

16. (a) Informant Sister Jeane
(b) Address 3225 Florissant Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) FEB 23 1946 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22nd., year 1946 hour 8 minute a. M.

21. I hereby certify that I attended the deceased from February 6, 1946 to February 22, 1946 that I last saw him alive on February 20, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	???
Carcinoma of Stomach.	???
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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) None
(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 0

23. Signature Bernard F. Hoke (M. D. or other)
Address 3302 Salisbury St. Date signed 2-22-46

(Licensed Embalmer's Statement on Reverse Side)

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

6435

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.