FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 20 1948

Registration District No. 377

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

Walter Kelley
Hw 0330
State File No. 3304
9915 Gravois
Registrar's No. 98

1. PLACE OF DEATH:
(a) County ST. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Co. Hospital 0
(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 St. Louis 96
(c) City or town Valley Park 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.R.#I 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME William J. Grossgloss
3. (b) If veteran, name war X
3. (c) Social Security No. X

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Clara
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased 8 (Month) I (Day) 1889 (Year)

8. AGE: Years 58 Months 5 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Affton Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Gardner
11. Industry or business .....
FATHER
12. Name Peter Grossgloss 0
13. Birthplace Affton Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Kettler
15. Birthplace Mo. (City, town, or county) 0 (State or foreign country)
16. (a) Informant MRS. Clara Gossgloss
(b) Address R.R.#I VallEy Park Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation Bark Hill Cem.
18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood Mo.
19. (a) 1-12-48 (Date received local registrar) (b) Paul A. J. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 10
year 48 hour 11 minute 30 M.
21. I hereby certify that I attended the deceased from March 1, 1938, to 1-10, 1948
that I last saw him alive on 1-6, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute myocarditis	7 days
Due to: Arteriosclerosis	7 years
Chronic nephritis	5 years
Due to: Diabetes Mellitus	7 years?
Other conditions (Include pregnancy within 3 months of death) 61	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of 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 0
23. Signature Walter L. Kelley (M. D. ~~or other~~)
Address 9915 Gravois Date signed 1/12/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

JAN 21 19[illegible]
JAN 30 1948

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22 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.