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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

#85347

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17611

FILED JUN 7 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4808

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

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: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 1100

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

(d) Street No. 926 Lami 90
Memorial 23 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CLARENCE GROSSE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Estelle

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Jan. 24 1897
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	3	29	hr. min.

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

10. Usual occupation Merchant

11. Industry or business

FATHER
12. Name Charles Grosse
13. Birthplace (City, town, or county) Louisiana 1 (State or foreign country)

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

16. (a) Informant Estelle Grosse
(b) Address 926 Lami

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity

18. (a) Signature of funeral director Jos. P. Fendler Jr.
(b) Address 7128 Michigan

19. (a) MAY 25 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd
year 1948 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from 4/30/48, 19, to May 23rd, 1948, that I last saw him alive on May 23rd, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung

Due to

Due to

Other conditions Pulmonary Edema
(Include pregnancy within 3 months of death)
Post pneumonectomy

Major findings:
Of operations operable Carcinoma Rt Lower Lobe at pneumonectomy

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 R. Dalton M.D. (M.D. or other)

Address 1515 Lafayette Date signed 5/24/48

(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 .....

Licensed Embalmer No. 3093

P. O. Address 9178 Michigan

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.