

FILED AUG 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24845
Registrar's No. 6603

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	State File No. 24845	
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo		b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give town)		c. CITY (If outside corporate limits, write RURAL and give township)		d. FULL NAME OF HOSPITAL OR INSTITUTION	
ST. LOUIS		LEMAP		ST. ANTHONY HOSPITAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)		4. DATE OF DEATH (Month) (Day) (Year)	
ST. ANTHONY HOSPITAL		117 W. CARTWRIGHT		JULY 29 1949	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)		5. SEX	
a. (First) EMIL		b. (Middle)		c. (Last) GROSS	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH APRIL 11, 1887		9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	
10b. KIND OF BUSINESS OR INDUSTRY UNEMPLOYED		11. BIRTHPLACE (State or foreign country) ST. LOUIS Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE CHARLOTTE GROSS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME 117 W. ADDRESS MRS. CHARLOTTE GROSS CARTWRIGHT	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute peritonitis		ANTECEDENT CAUSES			9 days
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Ruptured appendix			10 "
DUE TO (c)		11. OTHER SIGNIFICANT CONDITIONS Patient gave history of having appendix removed at 16 years.			
19a. DATE OF OPERATION 7/25/49		19b. MAJOR FINDINGS OF OPERATION Appendiceal abscess drained			20. AUTOPSY? *Yes <input type="checkbox"/> No <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 121	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5501	
22. I hereby certify that I attended the deceased from July 22, 1949, to July 29, 1949, that I last saw the deceased alive on July 29, 1949, and that death occurred at 8:20 A.M., from the causes and on the date stated above.					
23a. SIGNATURE A. W. Peters M.D. (Degree or title)			23b. ADDRESS 4145 a S. Grand Blvd.		23c. DATE SIGNED 7/30/49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE August 1-49		24c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY	
24d. LOCATION (City, town, or county) (State) LEMAY MO		24e. LOCATION (City, town, or county) (State) LEMAY MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. HOFFMEISTER & CO. 7814 S. BROADWAY	
DATE REC'D BY LOCAL REG. JUL 31 1949		REGISTRAR'S SIGNATURE J. P. Lusator		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. HOFFMEISTER & CO. 7814 S. BROADWAY	

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

This must be made in duplicate

Dr. A. W. V. ...

ml

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Louis C. Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.