

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38562

9458

BIRTH NO. 4704 *Hawthorn* REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5509a Alaska		d. STREET ADDRESS (If rural, give location) 5509a Alaska	
3. NAME OF DECEASED a. (First) Katherine b. (Middle) c. (Last) Gross			4. DATE OF DEATH (Month) (Day) (Year) 11/5/50
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 21, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY ---	9. AGE (In years last birthday) 72
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	11. BIRTHPLACE (State or foreign country) Austria
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. ---	12. COUNTRY OF WHAT COUNTRY? USA
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>Myocardial infarction</i> <small>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</small>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Valentine Gross--5509a Alaska	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Arteriosclerosis</i>		MEDICAL CERTIFICATION	
ANTECEDENT CAUSES Abnormal conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
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)	
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 <i>331X</i>	
22. I hereby certify that I attended the deceased from <i>Aug 10, 1950</i> , to <i>Sep 5, 1950</i> , that I last saw the deceased alive on <i>Sep 3, 1950</i> , and that death occurred at <i>4:00p m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Fred W. Ralling MD</i> (Degree or title)		23b. ADDRESS <i>2125 Sidney st</i>	23c. DATE SIGNED <i>Nov 6-50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>11/8/50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Missouri</i>
DATE REC'D BY LOCAL REG. <i>11-7-50</i>	REGISTRAR'S SIGNATURE <i>J B Luster</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wacker-Welders 3634 Gravois</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

6-16

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Robert C Wheeler

Signed.....
Student Embalmer

Licensed Embalmer No. 2128

P. O. Address St Louis 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.