

STANDARD CERTIFICATE OF DEATH

FILED APR 28 1951

State File No. ....

BIRTH NO. ... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 934

1. PLACE OF DEATH a. COUNTY St. Louis b. CITY OR TOWN Clayton c. LENGTH OF STAY ... 2. USUAL RESIDENCE a. STATE Missouri b. COUNTY St. Louis c. CITY OR TOWN Overland d. STREET ADDRESS 8412 Midland

3. NAME OF DECEASED a. (First) GEORGE b. (Middle) A. c. (Last) GROS 4. DATE OF DEATH April 8 1951 5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married 8. DATE OF BIRTH Feb. 7, 1868 9. AGE 83 10a. USUAL OCCUPATION Fruit Grower 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE St. Louis County 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Albert Gros 13b. MOTHER'S MAIDEN NAME Mary Margaret? 14. NAME OF HUSBAND OR WIFE Caroline M. Walz Gros 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME Leslie E. Gros ADDRESS 8412 Midland

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Lobar pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH ?

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [X] NO [ ] 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) (Min) 21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-3-1951, to 4-8-1951, that I last saw the deceased alive on 4-8-1951, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Norman C. Ross (Degree or title) M.D. 23b. ADDRESS 601 S. Brentwood Clayton Mo. 23c. DATE SIGNED 4-8-51 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Apr. 11 24c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis County

DATE REC'D BY LOCAL REG 4/10/51 REGISTRAR'S SIGNATURE Herbert P. Tomke M.D. 25. FUNERAL DIRECTOR'S SIGNATURE OR ADDRESS Ortman Funeral Home 9222 Lackland

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

No. 300 10-48

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

*Ronald O. Yehrlke*

Signed.....

Student Embalmer

Licensed Embalmer No. *3917*

P. O. Address *6 Lewis 10 Me*

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.