

JUN 29 1951
Gross

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

1005 State File No. 21238
Registrar's No. 5310

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. 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	
c. LENGTH OF STAY (in this place) Life		2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION 956 Maple Place		e. STREET ADDRESS (If rural, give location) 956 Maple Place	

3. NAME OF DECEASED (Type or Print) a. (First) Gloria b. (Middle) c. (Last) Gross			4. DATE OF DEATH (Month) (Day) (Year) June 9, 1951		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) D.	8. DATE OF BIRTH Dec. 1, 1922	9. AGE (In years last birthday) 28	10. IF UNDER 1 YEAR 6 Months 8 Days 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Typist		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Walter Clevenger		13b. MOTHER'S MAIDEN NAME Evydeen Willis		14. NAME OF HUSBAND OR WIFE Mr. Raymond 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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Walter Clevenger, 4330 Laclede Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Phenobarbital Poisoning INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES self administered at her home. 956 Maple Place DUE TO (b) same. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS on June 9 1951 about 5:35 am Conditions contributing to the death but not related to the disease or condition causing death.			
--	--	---	--	--	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Suicide		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Suicide		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 9 5, 5:35 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 69712	

22. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:35 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Traynor, Coronar		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 6. 11. 51.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 11, 1951		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		DATE RECD BY LOCAL REG. JUN 17 1951			
REGISTRAR'S SIGNATURE J. B. Laster		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur J. Donnelly 3840 Lindell Blvd.			

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

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..... *W. H. Vanmatre*

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.