

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6428

State File No.

FILED MAR 5 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **1400**

| | | | |
|---|----------------------------------|---|--|
| 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 2249 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3213 Indiana | | d. STREET ADDRESS (If rural, give location) 24 3213 Indiana Ave. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) c. (Last) Gross | | 4. DATE OF DEATH (Month) (Day) (Year) 2/13/52 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow <input checked="" type="checkbox"/> | 8. DATE OF BIRTH Oct. 3, 1873 |
| 9. AGE (In years last birthday) 78 | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home | | 10b. KIND OF BUSINESS OR INDUSTRY --- | 11. BIRTHPLACE (State or foreign country) Hungary 8 |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Ludwig Stuber | |
| 13b. MOTHER'S MAIDEN NAME Rosa Pinka | | 14. NAME OF HUSBAND OR WIFE Frank | |
| 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 Emma Gross--3213 Indiana |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic Mellitus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Myocarditis II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 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) | |
| 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 443X | | 22. I hereby certify that I attended the deceased from July, 1949 , to 2-13- , 1952, that I last saw the deceased alive on 2-12- , 1952, and that death occurred at 6:00a m., from the causes and on the date stated above. | |
| 23a. SIGNATURE L. H. Murray M.D. | | 23b. ADDRESS 605 - Russell Blvd. | |
| 23c. DATE SIGNED 2-17-52 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE 2/15/52 | | 24c. NAME OF CEMETERY OR CREMATORY Trinity Luth. Cem. | |
| 24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri | | DATE REC'D BY LOCAL REG. FEB 14 1952 | |
| REGISTRAR'S SIGNATURE Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Welder | |
| ADDRESS 3634 Gravois Ave. | | (Licensed Embalmer's Statement on Reverse Side) | |

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 _____

Frank J. Holland Sr.

Licensed Embalmer No. _____

P. O. Address _____

*2645
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.