

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7589**
Registrar's No. **1499**

FILED FEB 26 1953

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 7589		Registrar's No. 1499				
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 town or town _____ St. Louis, Mo.		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) _____ St. Louis		2069						
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) _____ 1447 Shawmut								
3. NAME OF DECEASED (Type or Print) a. (First) Max			b. (Middle) NMN			c. (Last) Gross			4. DATE OF DEATH (Month) (Day) (Year) 2 6 53			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 14, 1878		9. AGE (In years) (Specify birthday) 75		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant				10b. KIND OF BUSINESS OR INDUSTRY Men's wear		11. BIRTHPLACE (City and State or Foreign Country) Lithuania			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Abraham Gross				13b. MOTHER'S MAIDEN NAME Rhoda (unk)			14. NAME OF HUSBAND OR WIFE Bertha 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 ADDRESS Bertha Gross 1447 Shawmut 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, asphyxia, etc. It means the disease, injury, or complication which caused death.												
MEDICAL CERTIFICATION												
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Obstruction jaundice due to common bile duct stone												
ANTECEDENT CAUSES Other: Arteriosclerotic heart disease with right bundle block and auricular fibrillation												
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.												
DUE TO (c) _____												
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 checked="" 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. HOW DID INJURY OCCUR? 4200			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>										
22. I hereby certify that I attended the deceased from Feb 4, 1953 , to Feb. 6, 1953 , that I last saw the deceased alive on Feb. 6, 1953 , and that death occurred at 2:40 P.M. , from the causes and on the date stated above.												
23a. SIGNATURE FR Bradley				(Degree or title) M. D.				23b. ADDRESS BARNES HOSPITAL			23c. DATE SIGNED 2/6/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/8/1953		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth			24d. LOCATION (City, town, or county) (State) University City, Mo.					
DATE REC'D BY LOCAL REG. FEB 9 1953		REGISTRAR'S SIGNATURE [Signature]				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson Ave.						

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.