

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22861

State File No. _____
Registrar's No. **5980**

FILED JUL 15 1953

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

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY OR TOWN St. Louis c. LENGTH OF STAY (in this place) 3 days d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri-Baptist Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis c. CITY OR TOWN University City d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 1067 Midland Avenue 4356	
3. NAME OF DECEASED (Type or Print) LEONARD HENRY GROSS a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 6 15 53	
5. SEX <input checked="" type="checkbox"/> male <input type="checkbox"/> female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 3, 1871
9. AGE (In years last birthday): 82 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 HRS: Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) Darnstadt, Illinois	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired custodian-safe dept. Cass Nat. Bank		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Chris Gross		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Cornelia Gross		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Cornelia Gross, 1067 Midland Avenue ADDRESS	
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) Hypostatic Bronchial Pneumonia 3 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Autano sclerotic Heart Disease 4 years DUE TO (c) Autano sclerosis 4 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3 days 4 years 4 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. 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) 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"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1949, 19, to June 15, 1953, that I last saw the deceased alive on June 14, 1953, and that death occurred at 2:20 p.m., from the causes and on the date stated above.			
23a. SIGNATURE P. D. Neugel, M.D. (Degree or title)		23b. ADDRESS Horatio Taylor	
23c. DATE SIGNED 6/15/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-17-53	
24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. JUN 15 1953		REGISTRAR'S SIGNATURE C. R. Lupton & Sons	
25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons		ADDRESS 7233 Delmar Bl'vd.,	

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.....
Signature of Student Embalmer

Signed

Clarence A. Murray

Licensed Embalmer No. *4011*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.