

CF: Washington, D.C.

State File No.

R.# 111596 JUL 8 - 1953

BIRTH NO. FILED REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1780

4600

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY ST. CLAIR	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY OR TOWN E. ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 days		e. STREET ADDRESS (If rural, give location) 678 N. 61st STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMIN. HOSPITAL		8120 9	
3. NAME OF DECEASED (Type or Print) a. (First) HENRY		b. (Middle) J. c. (Last) GROSSE	
4. DATE OF DEATH (Month) (Day) (Year) 6-25-53		5. SEX MALE 6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED (Specify) NEVER MARRIED		8. DATE OF BIRTH 6-17-75	
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PACKER	
10b. KIND OF BUSINESS OR INDUSTRY ALUMINUM ORE CO.,		11. BIRTHPLACE (City and State or Foreign Country) COLLINSVILLE, ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME CHARLES GROSSE	
13b. MOTHER'S MAIDEN NAME EMILIE GERTY		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES SPAW		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BKS, MO.		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) ARTERIOSCLEROTIC HEART DISEASE 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. _____ _____ _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4200	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		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?	
22. I hereby certify that I attended the deceased from 6-23-53 , 19___, to 6-25-53 , 19___, that I last saw the deceased at 2:30 PM , and that death occurred at 2:30 PM m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Jesse C. Alley Jr. M.D.		23b. ADDRESS VA HOSPITAL, JEFF. BKS, MO.	
23c. DATE SIGNED 6/25/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 6/28/53		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		DATE REC'D BY LOCAL REG. 6-26-53	
REGISTRAR'S SIGNATURE Herbert R. Donke M.D.		FUNERAL DIRECTOR'S SIGNATURE W. H. Kurrus Jr.	
ADDRESS E. St. Louis, Ill.		524 (Licensed Embalmer's Statement on Reverse Side)	

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.....

Licensed Embalmer No. 3162

P. O. Address C. J. Lewis &

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.

NOT EMBALMED

NOT EMBALMED