

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

REG# 114281

State File No.

FILED NOV 25 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2910

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u>		c. LENGTH OF STAY (In this place) <u>27 DAYS</u>		c. CITY OR TOWN <u>PINE LAWN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>4202 JENNINGS ROAD</u>				
3. NAME OF DECEASED a. (First) <u>WALTER</u> b. (Middle) <u>E.</u> c. (Last) <u>GROSS</u>			4. DATE OF DEATH <u>11-9-53</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>8-22-92</u>		
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 24 Hrs. Hours <u>0</u> Min. <u>0</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHOE WORKER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE FACTORY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BOONVILLE, MISSOURI</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>								
13a. FATHER'S NAME <u>HENRY GROSS</u>			13b. MOTHER'S MAIDEN NAME <u>BERTHA MILLER</u>			14. NAME OF HUSBAND OR WIFE <u>FLORA GROSS</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW-I</u>			16. SOCIAL SECURITY NO. <u>498031739</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS, JEFF BRKS, 23, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF LUNG, RIGHT, MIDDLE & UPPER LOBES, WITH METASTASES.</u> ANTECEDENT CAUSES <u>LOBES, WITH METASTASES.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>163X</u>				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. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			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 <u>10-14-53</u> to <u>11-9-53</u> , and that death occurred at <u>10:35P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>J.T. Kaminskis</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>VET ADM HOSP, JEFF BRKS, MO.</u>		23c. DATE SIGNED <u>11-10-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-12-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Jeff. Brks, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11/11/53</u>		REGISTRAR'S SIGNATURE <u>Heberd R. Nonke MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Southern Funeral Home 8522</u>			

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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 *Ernie Van Fossan*

Licensed Embalmer No. *134*

P. O. Address *637 1/2 So. Main*

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.