

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7434

State File No. ....

FILED MAR 15 1954

BIRTH NO. REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4468 Registrar's No. 13

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

1. PLACE OF DEATH a. COUNTY Ste. Genevieve				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Ste. Genevieve			
b. CITY (If outside corporate limits, write RURAL and give township) St. Marys		c. LENGTH OF STAY (in this place) 6 yrs		c. CITY OR TOWN St. Marys		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 St. Marys, Mo				e. STREET ADDRESS (If rural, give location) St. Marys, Mo			
3. NAME OF DECEASED (Type or Print) a. (First) HOWARD		b. (Middle) WILFRED		c. (Last) GROSS JR.		4. DATE OF DEATH (Month) (Day) (Year) March 10, 1954	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 0		8. DATE OF BIRTH Sept, 22 1942	
9. AGE (in years last birthday) II		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Howard W. Gross Sr.		13b. MOTHER'S MAIDEN NAME Lillian Hoffman		14. NAME OF HUSBAND OR WIFE None	
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 Howard W. Gross Sr. St. Louis, Mo			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Bronchial Pneumonia INTERVAL BETWEEN ONSET AND DEATH 1 Day  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. Hydrocephalic					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		491 X	
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 March 10, 1954, to March 10, 1954, that I last saw the deceased alive on March 10, 1954, and that death occurred at 7:30 P.M. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D. W. ...				23b. ADDRESS Ste. Genevieve, Mo.		23c. DATE SIGNED 3-11-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-12-54		24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) Ste. Genevieve, Mo.	
DATE REC'D BY LOCAL REG. 3-12-54		REGISTRAR'S SIGNATURE D. W. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gene A. Stanto Ste. Genevieve, Mo			

MAR 17 1954  
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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.....  
*Genevieve*

Licensed Embalmer No.....38

P. O. Address...Ste...Genevieve

**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.