

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020346  
STATE FILE NUMBER

FILED MAY 26 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1333

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clayton</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Affton 48100</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>County Hospital DOA</b>		d. STREET ADDRESS (If outside, give location) <b>5328 Staley</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>John Gross</b>			4. DATE OF DEATH Month Day Year <b>May 17 1958</b>
5. SEX <b>male 0</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 14, 1932</b>
9. AGE (In years last birthday) <b>25</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>cemetary worker</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis Co., Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>cemetary worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mt. Sinai</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Mike Gross</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Skaliow</b>	
14. NAME OF HUSBAND OR WIFE <b>none</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>498-34-5218</b>		17. INFORMANT Address <b>Mike Gross 5328 Staley</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Extensive hemothorax (2500 cc.) on right as a result of gunshot wound (thru and thru)</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>E98AX</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <b>Justifiable</b>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Shot during scuffle with police officer</b>	
20c. TIME OF INJURY Hour Month, Day, Year <b>12:15 a.m. 5/17/58</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>public road</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Affton St. Louis Mo.</b>	
21. I attended the deceased from _____, to _____ and last saw <sup>her</sup> <sub>him</sub> alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Raymond Harris 3</b> Coroner		22b. ADDRESS <b>Clayton, Mo.</b>	
22c. DATE SIGNED <b>5/20/58</b>			
23a. BURIAL, CREMATION, or REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5/20/1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Lakewood Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Affton, Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>J L Ziegenhein &amp; Sons 7027 Gravois</b>		25. DATE RECD. BY LOCAL REG. <b>5-19-58</b>	
		26. REGISTRAR'S SIGNATURE <b>Herbert B. Donke MD</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

89.

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 Donald E. Bering .....

Licensed Embalmer No. 4863 .....

P. O. Address 7027 Garrison .....

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.