

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23028

FILED JUL 31 1943 318

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No.

6696

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: BARNES HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Neketa CONRAD GRESS3. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Mary Gress 6. (c) Age of husband or wife if alive 67 years7. Birth date of deceased November 1876?
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
67? ? ? hr. min.9. Birthplace Unknown Russia 6
(City, town, or county) (State or foreign country)10. Usual occupation Priest11. Industry or business Russian Monastery12. Name Conrad Gress13. Birthplace Unknown Russia 6
(City, town, or county) (State or foreign country)14. Maiden name Mary Havrisko15. Birthplace Unknown Russia 6
(City, town, or county) (State or foreign country)16. (a) Informant Olga Gress(b) Address Benld, Illinois17. (a) Removal (b) Date thereof 7/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Benld, Illinois18. (a) Signature of funeral director Albert H. Hoppe, I.C.(b) Address 4700 Washington Blvd.19. (a) JUL 24 1943 (b) J. F. Buddeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Macoupin
 (c) City or town Benld
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 24
year 1943 hour 6:00 minute A. M.21. I hereby certify that I attended the deceased from JUNE 28, 1943, to JULY 24, 1943that I last saw h. IM alive on JULY 24, 1943, and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of esophagus Duration _____

Due to _____

Due to _____

Other conditions Post-op. pneumonia
(Include pregnancy within 3 months of death)Major findings: Ca. of esophagus and cardia of stomach. PHYSICIAN _____
Of operations _____ Underline the cause to which death should be charged statistically.
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature T. C. Abney (M. D. or other) _____
Address BARNES HOSPITAL Date signed 7/24/43

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *J. Allen Jones Jr.*
Licensed Embalmer No. *4953*
P. O. Address..... *Cal*

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