

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

31282

**PLACE OF DEATH**

County St Charles  
Township St Charles  
City St Charles

Registration District No. 757  
Primary Registration District No. 3036  
No. St Joseph Hospital

File No. ....  
Registered No. 157  
St. 2 Ward

**2. FULL NAME**

John Henry Grosser

(a) Residence. No. 130 Jefferson St., 2 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX      4. COLOR OR RACE      5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

male      White      married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Wilheriena Grosser

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 11-1846

7. AGE      YEARS      MONTHS      DAYS      IF LESS than 1 day, hrs. or min.

80      10      25

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired merchant  
(b) General nature of industry, business, or establishment in which employed (or employer) Grosser  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Charles  
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Franz Grosser

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Dierker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

14. INFORMANT Alfred Grosser  
(Address) St Charles Mo

15. FILED 10-9-27 Geo. Beckenmier  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 6 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1927 to Oct 1, 1927 that I last saw him alive on Oct 5, 1927, and that death occurred, on the date stated above, at 2 A m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Pancreatitis  
131  
hypertension  
(duration) 8 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis  
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 129th  
PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical analysis  
(Signed) F. Beckenmier, M. D.

10-6 .19 27 (Address) St Charles Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lutheran Cemetery DATE OF BURIAL Oct 8-1927

20. UNDERTAKER Stembrenker Funeral Home ADDRESS St Charles Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 28 1927

Dr. Belding