

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

Do not use this space.

10830

1. PLACE OF DEATH

County Registration District No. 781 File No. 10830
 Township Primary Registration District No. 1003 Registered No. 2855
 City St. Louis Mo. (No. 17 S. Boyle Av.) St. (Ward)

2. FULL NAME

(a) Residence. No. 17 S. Boyle Av. St. 19 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (write name) <u>Martha E. Groom</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 28 - 1862</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>7</u>	Days <u>18</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Butler Shoe Worker</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Shoe Factory</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER <u>Benjamin Groom</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
12. MAIDEN NAME OF MOTHER <u>Unknown</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>

14. INFORMANT Mrs. Martha E. Groom
 (Address) 17 S. Boyle Av.

15. FILED 20 1937 Mar E Starck
 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1930 to Mar 6, 1930 that I last saw him alive on Mar 18, 1930 and that death occurred, on the date stated above, at 10:05 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
93P
82A
 (duration) yrs. mos. 23 da.
 CONTRIBUTORY myocarditis chronic
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? NO DATE OF
 WAS THERE AN AUTOPSY? NO
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) W M Baird M. D.
 19 (Address) 2301 N. Kingsley Hwy

*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 Bethania Cemetery DATE OF BURIAL Mar 21 1930

20. UNDERTAKER E. J. Schmur ADDRESS 3125 Lafayette

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

