

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

Do not use this space.

39485

**1. PLACE OF DEATH**

County Jackson

Registration District No. \_\_\_\_\_

Township Ray

Primary Registration District No. \_\_\_\_\_

City St. Louis 10 City No. \_\_\_\_\_

St. \_\_\_\_\_ Ward) \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 5157

**2. FULL NAME**

(a) Residence No. 4242 Montgall St. \_\_\_\_\_ Ward. \_\_\_\_\_

(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

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Nov. 1 1849

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

81

1

14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Retired

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Hollaup

10. NAME OF FATHER

John Groth

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

France

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14. INFORMANT

(Address)

Miss Elizabeth Groth  
Levee, Kas

15. FILED

17/16 1930

28/11

28/11

28/11

28/11

28/11

28/11

28/11

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28/11

28/11

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28/11

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 1

1930, to Dec 15, 1930

that I last saw him alive on Dec 14, 1930, and that death occurred, on the date stated above, at Dec 15 9 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Coronary thrombosis -

94B

97

CONTRIBUTORY arterio-sclerosis (SECONDARY)

(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No DATE OF 12-15-30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) A. J. Welch M. D.

17/16/30 (Address) P35 Reels

\*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

DATE OF BURIAL

M. Washington 12/17 1930

20. UNDERTAKER F. D. Howell Co 3256 Broadway

ADDRESS

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.

