

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

2727

**1. PLACE OF DEATH**

County St. Louis  
 Township St. Ferdinand  
 City Jennings, Mo. (No. 8535, Cliffton Ave.)

Registration District No. 784  
 Primary Registration District No. 6090

File No. ....  
 Registered No. ....  
 St. .... Ward)

**2. FULL NAME**

Emma Grochelman  
 (a) Residence, No. 8535 Cliffton Ave. St. .... 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 12, 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day. .... hrs. or .... min.
	71	2	3	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. Housewife 235  
 (b) General nature of industry, business, or establishment in which employed (or employer). At Home  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph, Missouri  
 (STATE OR COUNTRY)

10. NAME OF FATHER Michael M. Guise

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ? !  
 (STATE OR COUNTRY) Dont know ? !

12. MAIDEN NAME OF MOTHER Elizabeth Snyder

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ? !  
 (STATE OR COUNTRY) Pennsylvania

14. INFORMANT Mrs. Wm. C. Grochelman  
 (Address) 8535 Cliffton Ave.

15. FILED 2-9, 1931 Dr. Carl J. Koontz  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 15 1931  
 17. I HEREBY CERTIFY, That I attended deceased from 1/9, 1931, to 1/15, 1931, that I last saw her alive on 1/15, 1931, and that death occurred, on the date stated above, at 9:20 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage  
9219  
97  
 (duration) yrs. mos. ds. 10

CONTRIBUTORY (SECONDARY) Arteriosclerosis  
 (duration) 3 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED B ? !  
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS 1  
 (Signed) Franz K. Doane, M. D.

1/16, 1931 (Address) 6310 Flourissant

\*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 Memorial Park Cemetery DATE OF BURIAL 1-17 1931

20. UNDERTAKER Geo. L. Pleitach ADDRESS 5966 Eastern Ave.

FEB 23 1931

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.

6316 *T. flaviventris*.

July 11 1880.

Ex 3580