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.

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

Do not use this space.

File No. 3467

Registered No. 698

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1002

City St. Louis Mo. (No. 1116 Chambers St St. ..... Ward)

2. FULL NAME Gustave F. Grotpeter

(a) Residence. No. 1116 Chambers St St., 26 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4 - 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	75	-	11	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) 2 [illegible]

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Co.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Henry Grotpeter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany 10
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Not known

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

14. INFORMANT August Grotpeter
(Address) 1116 Chambers St.

15. FILED JAN 18 1931 Rex C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jany 15 1931

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1929, to Jany 15 1931, that I last saw him alive on Jany 7 1931, and that death occurred, on the date stated above, at 10 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Insufficiency

92A

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None

(duration) yrs. mos. ds.

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? Clinical

(Signed) H. H. Smith, M. D.

, 19 (Address) 5850 Highland

*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 St Peters. DATE OF BURIAL Jan 17 1931

20. UNDERTAKER Hy Leidner Und Co. ADDRESS 1417 N. Market St

5850 [illegible]