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

Do not use this space.

19070

1. PLACE OF DEATH
County St Charles — Registration District No. 475 — File No. 1
Township Cuyre — Primary Registration District No. 5999 — Registered No. 56
City Josephville (No. ..... St. ..... Ward)

2. FULL NAME Elizabeth Grothe
(a) Residence. No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S., if of foreign birth? Don't know ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female ~~Male~~	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1844

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
87	Don't	Know	

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

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

PARENTS
10. NAME OF FATHER Don't know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know (STATE OR COUNTRY) Germany

14. INFORMANT Isadore Grothe (Address) St Charles Mo

15. FILED 5/17 1931 W C Caldwell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14 1931

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... that I last saw h..... alive on May 14, 1931, and that death occurred, on the date stated above, at 7.40 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilatation of heart
93C
953 (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Chronic Myocarditis
(duration) 20 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF 5
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Signs
(Signed) F E Belding Crow, M. D.
May 14 1931 (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	DATE OF BURIAL
St Peter & Paul, St Louis	5-18 1931

20. UNDERTAKER	ADDRESS
J E Pitman	Wentzville 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 29 1931