

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

Do not use this space.

**13760**

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 784  
Township St. Ferdinand Primary Registration District No. 6030  
City Flourissant R.F.D. #1 (No. Flourissant R.F.D. #1) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Caroline Groemeier (Groemeier)  
(a) Residence, No. Flourissant R.F.D. #1 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 <u>Female</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 (OR) WIFE OF <u>William Groemeier</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 9, 1868</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>11</u>
	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Co. Mo. 1</u>	
	13. NAME <u>Henry Borgmann</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 10</u>	
	15. MAIDEN NAME <u>Minnie Langenberg</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Mrs Groemeier</u> (ADDRESS) <u>Flourissant R.F.D. #1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Black Jack</u> DATE <u>April 19, 1932</u>		
19. UNDERTAKER <u>W. H. &amp; Co.</u> (ADDRESS) <u>270 N. Grand</u>		
20. FILED <u>4/22/32</u> 19 <u>32</u> <u>Emma J. Harris</u> <u>5/2/32</u> Registrar		

**1 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1932, to April 13, 1932  
I last saw her alive on April 13, 1932. Death is said to have occurred on the date stated above, at 4:45 pm.  
The principal cause of death and related causes of importance were as follows:  
cerebral apoplexy  
82A  
① 82A  
Date of onset 4-1-32

Other contributory causes of importance:  
not known  
or no. artery sclerosis  
could be found.

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury none, 1932  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓  
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify ✓  
(Signed) H. F. Miller, M. D.  
(Address) 840 W. Broadway St. Louis Mo

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.

MAY 28 1932

FORM RESERVED FOR BIRTH

