

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.

14313

1. PLACE OF DEATH

County.....

Registration District No. *791*

Township.....

Primary Registration District No. *1003*City, *St. Louis*(No. *5036 Cabanne av.*)

File No.

Registered No. *3649*

St. Ward)

2. FULL NAME

Henry F. C. Grote,

(a) Residence, No.

St. *12*

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

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)

1848-8-15

7. AGE

83

MONTHS

7

DAYS

27

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

General Merchant,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

MOTHER FATHER

13. NAME

Henry Grote,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany,

15. MAIDEN NAME

Unknown,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

II

17. INFORMANT (ADDRESS)

*Julia L. Sauer
5036 Cabanne av.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Rosebud, Mo.*DATE *4/15/32*

19. UNDERTAKER (ADDRESS)

*Robert J. Fisher, Inc.
Layton Road at Concordia Lane*

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 12th, 1932.*22. I HEREBY CERTIFY, That I attended deceased from *June 1st, 1931, to April 12th, 1932.*I last saw him alive on *April 12th, 1932.* Death is saidto have occurred on the date stated above, at *2 P.* m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver

Date of onset

6-1-31

Other contributory causes of importance:

Acute Myocarditis

Name of operation

None

Date of

What test confirmed diagnosis

*Autopsy*Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *None* Date of injury

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)

Robert J. Fisher

, M. D.

(Address) *3760 Lindell Blvd.*

