

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

Do not use this space.

28069

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis, Mo. (No.) Sanitarium St. Ward)

File No.
Registered No. **7956** St. Ward)

2. FULL NAME

(a) Residence, No. 5123rd Bridge asc. 13 Ward. (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>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Worthy Groves</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 1, 1875</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>1</u>
	DAYS <u>29</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>Merchant</u>	11. Total time (years) spent in this occupation <u>unknown</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u>	
	10. Date deceased last worked at this occupation (month and year) <u>unknown</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Missouri</u>		
FATHER	13. NAME <u>John B. Groves</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>	
MOTHER	15. MAIDEN NAME <u>Katherine Cosgrove</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Missouri</u>	
17. INFORMANT (ADDRESS) <u>Hubert P. Smith</u> <u>5400 Arsenal Street</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walton</u> DATE <u>Sept 2</u> , 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Arthur J. Donnelly and Co</u> <u>2039 Grand</u>		
20. FILED <u>SEP - 1 1932</u> <u>May C. Farley</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 11th, 1932 to Aug 30, 1932
I last saw him alive on Aug 30, 1932 Death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:
General Paralysis of Insane (Syphilitic) Date of onset June 1930
83
34
Other contributory causes of importance (1) (2)

Name of operation none Date of
What test confirmed diagnosis? Chin. Lab 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 19.....
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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Hubert P. Smith M. D.
(Signed) Hubert P. Smith (Address) 5400 Arsenal Street

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.

