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

Do not use this space.
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File No.
Registered No. 2261

1. PLACE OF DEATH

County
Township
City St. Louis Mo. (No. 2415 N. 19th St. St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Henry Groll

(a) Residence, No. 2415 N. 19th 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	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14 - 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	64	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber 54
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 136
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) Germany

FATHER
13. NAME Adam Groll
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Clara Pash
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Marie Groll 2415 N. 19th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Pickens DATE Mar 9, 1933

19. UNDERTAKER Hy. Leidner Und. Co (ADDRESS) 1217 N. Market St.

20. FILED MAR -7 1933, 19 [illegible] Registrar

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1932, to Mar 5 1933
I last saw him alive on Mar 5, 1933. Death is said to have occurred on the date stated above, at 7:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor of Brain Benign	
Hemiplegia, Left	Aug 10/32
Diabetes Mellitus	

Other contributory causes of importance:

Acute Endocarditis	Mar 1/33
Acute Nephritis + Cystitis	Feb 27/33

Name of operation None Date of
What test confirmed diagnosis? X-ray, Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Leonard J. Gingal, M. D.
(Address) 1901 Madison

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.

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