

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
Primary Registration District No. **79123**  
(No. **City Hospital #1**)

File No. **21697**  
Registered No. **5497**  
St. .... Ward)

**2. FULL NAME**

**Herman Groeschel**  
(a) Residence, No. **6029 Magnolia** St., **3** 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 **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Emilie Groeschel**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 8, 1888**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**45 4 15**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **accountant**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
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) **St. Louis mo**

13. NAME **Herman Groeschel**

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

15. MAIDEN NAME **Anna unknown**

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

17. INFORMANT **Emilie Groeschel**  
(ADDRESS) **6029 Magnolia**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Crem. June 26, 1933**

19. UNDERTAKER **Kriegsbaueser Mortuaries**  
(ADDRESS) **252 1/2 So. King St. St. Louis**

20. FILED **27 1933** **J. F. Bleck**  
Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 23, 1933**

22. I HEREBY CERTIFY, that I attended deceased from **1331 Broadway (Non-traumatic)** 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **4<sup>20</sup> p.m.**

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

**1331 Broadway (Non-traumatic)**  
**Chronic Myocarditis**  
Other contributory causes of importance:  
**The Industrial Republic**

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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) **Harold J. Blum** **Deputy Foreman**  
(Address).....

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.

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