

MAR 4 1935

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

Do not use this space.

2715

1. PLACE OF DEATH

County St. Louis Registration District No. 785  
Township Bonhomme Primary Registration District No. 3037  
City Hickwood (No. West Adams Ave. formerly Sugar Creek Rd.) Ward 12

2. FULL NAME John Philip Gronemeyer

(a) Residence, No. Sugar Creek Road St., \_\_\_\_\_ Ward. Hickwood  
(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emilie Gronemeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-7-1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
90 6 9

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

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) Germany

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT Philip A. Gronemeyer  
(ADDRESS) 691 St. Washington Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE Jan 18 1935

19. UNDERTAKER LOUIS H. BOPP  
(ADDRESS) Hickwood Mo

20. FILED Jan 16 1935 Agnes C. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1935

22. I HEREBY CERTIFY That I attended deceased from January 11th, 1935, to January 16th, 1935  
I last saw him alive on January 15th, 1935 Death is said to have occurred on the date stated above, at 4:30 A.M.

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

Pneumonia (Lob.) Jan 10th

Other contributory causes of importance:  
Valvular disease of heart unknown

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? no  
If so, specify \_\_\_\_\_

(Signed) Henry D. ... M. D.  
(Address) 1216 E. Adams St. Hickwood

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.

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