

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

Do not use this space.

FEB 21 1935

791

3772

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. City Hospital #2.)
Registration District No. 1000
Primary Registration District No. 1000

File No.....
Registered No. 1120
St. Ward)

2. FULL NAME

(a) Residence, No. 4570 - Kenesly 11 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 Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29th 1863
7. AGE YEARS 71 1/2 MONTHS 9 DAYS - IF LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
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) Missouri

13. NAME Wm Groshens

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

15. MAIDEN NAME Un Known

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

17. INFORMANT (ADDRESS) Judy Terdeant 2945 - Lawton Bld

18. BURIAL, CREMATION, OR REMOVAL PLACE Matthiasburg, Mo DATE 2/3 1935

19. UNDERTAKER (ADDRESS) R. M. C. Green 3617 Ladue ave

20. FILED 31 1935 J. Stebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29th 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-25-1935, to 1-29-1935.
I last saw him alive on 1-29-1935 Death is said to have occurred on the date stated above, at 1:43 P. m.
The principal cause of death and related causes of importance were as follows:

Uremia Chronic Nephritis
Date of onset 1-25-35

Other contributory causes of importance:
Hypertrophied Prostate

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical 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) J. Owen Blache M. D.
(Address) 2945 - Lawton Bld

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.

