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

MAY 13 1935

Do not use this space.

14784

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. Forman Desloge Hosp St. ..... Ward)

File No. ..... Registered No. 3634

2. FULL NAME George Grott

(a) Residence, No. 6 Marigo Ward N R
(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 Anna Grott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26-1882

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
53	1	26	

OCCUPATION

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

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 14 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville Ills

FATHER

13. NAME Roman Grott

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

MOTHER

15. MAIDEN NAME Theresa Hess

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chester Ills

17. INFORMANT (ADDRESS) Mrs Anna Grott. St Marys Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys Mo DATE 4-25 1935

19. UNDERTAKER (ADDRESS) Albert J Hoppe Inc St Louis Mo

APR 22 1935

20. FILED ....., 19 J T Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1935, to April 22, 1935

I last saw h. alive on April 21, 1935 Death is said to have occurred on the date stated above, at 12:07 a.m.

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

	Date of onset
Cardiac Failure	
93C	

Other contributory causes of importance:

Coronary Thrombosis
Myocarditis Chronic
Endocarditis Acute

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) H Lane M. D.

(Address) Desloge Hospital St Louis Mo

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