

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

Do not use this space.

NOV 2 1935

**791
1003**

31350

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. Mo. Baptist Hospital) File No. **31350**
 St. Ward) Registered No. **8189**

2. FULL NAME

Marion Eugene Grosel
 (a) Residence, No. E. Ellisville Mo St. N.R. 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 <u>M.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Carrie A Grosel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-25-1904</u>		
7. AGE YEARS <u>31</u>	MONTHS <u>5</u>	DAYS <u>3</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Oil & Gas Station</u>
	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) Mo

FATHER 13. NAME Edward Grosel

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Addie Metteler

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Mrs Carrie A Grosel
(ADDRESS) Ellisville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Victor Church DATE 10-1- 1935

19. UNDERTAKER Louis W. Bopp
(ADDRESS) St. Louis Mo

20. FILED SEP 28 1935 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-28-1935

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 7:30 m.
 The principal cause of death and related causes of importance were as follows:

Fracture of Skull, Laceration of Brain
Manner and cause of same could not be ascertained.
 Other contributory causes of importance:
 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? Accident Date of injury....., 19.....
 Where did injury occur? Work
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Work

Manner of injury.....
 Nature of injury..... Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify.....

(Signed) J. F. Bredeck M.D.
 (Address) 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.

RECORD THIS IS A PERMANENT RECORD

