

NOV 9 1935

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

Do not use this space.

34093

1. PLACE OF DEATH

 County Registration District No. **1003**
 Township Primary Registration District No.
 City **St. Louis** (No. **4200 W. Marguerite**)

 File No. **8514**
 Registered No.
 St. Ward)

2. FULL NAME

(a) Residence, No. **4200 W. Marguerite** **10** 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Rosa Grobe</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 25 1857</i>		
7. AGE	YEARS <i>78</i>	MONTHS <i>1</i>
	DAYS <i>14</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Carrriage Painter</i>	
	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) <i>Oliva</i>		
FATHER	13. NAME <i>Henry Grobe</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
MOTHER	15. MAIDEN NAME <i>Mary Ueckmann</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT (ADDRESS) <i>Rosa Grobe</i> <i>4200 W. Marguerite</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Elizabeth</i> DATE <i>Oct. 11, 1935</i>		
19. UNDERTAKER (ADDRESS) <i>Reiderwieser Tomalke</i> <i>1936</i>		
20. FILED 11 1935 19 <i>J. F. Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>Oct. 9 1935</i>
22. I HEREBY CERTIFY, That I attended deceased from <i>July 6th 1935</i> to <i>Oct 9th 1935</i> I last saw him alive on <i>Sept 27th 1935</i> Death is said to have occurred on the date stated above, at <i>7:00 P.M.</i> The principal cause of death and related causes of importance were as follows: <i>Chronic Myocarditis</i> <i>Chronic Interstitial Nephritis</i> <i>131</i> <i>1932</i> Date of onset <i>Jan. 1935</i>
Other contributory causes of importance: <i>131</i>
Name of operation <i>Chronic Interstitial Nephritis</i>
Date of operation <i>1932</i>
What test confirmed diagnosis? <i>the</i>
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? <i>the</i> If so, specify <i>Edm. J. Smith</i> (Signed) <i>Edm. J. Smith</i> , M. D. (Address) <i>3625 Br. N. ...</i>

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.

WITH UPWARD INK—THIS IS A PERMANENT RECORD

