

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.

JUL 14 1936

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

Do not use this space.

24935

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis, Mo.** (No. *City Infirmary*)

File No. ....

Registered No. **6591**

2. FULL NAME **Fred Groves,**

(a) Residence, No. **City Infirmary,** St. **D-1** Ward **13**

(Usual place of abode)

**5800 Arsenal St.**

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male**

4. COLOR OR RACE **White**

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 20,** 19**36**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Widower**

22. I HEREBY CERTIFY, That I attended deceased from **June 14,** 19**34**, to **June 20,** 19**36**

I last saw him alive on **June 20,** 19**36** Death is said to have occurred on the date stated above, at **9:45 A.M.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 11-1867**

7. AGE YEARS **69** MONTHS **2** DAYS **8** If LESS than 1 day, .....hrs. or .....min.

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

**Cerebral hemorrhage** Date of onset

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **X**

10. Date deceased last worked at this occupation (month and year) **X**

11. Total time (years) spent in this occupation **X**

Other contributory causes of importance: **g2**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mt. Brighton, Iowa.**

13. NAME **John Groves,**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Hanna Groves**

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

17. INFORMANT (ADDRESS) **E. Molony, 5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St Louis** DATE **6-25** 19**36**

19. UNDERTAKER (ADDRESS) **W Richter, 3500 Rust Ave St**

20. FILED **JUN 30 1936** **J. Bredeck** Registrar.

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?.....  
If so, specify.....  
(Signed) **C. E. Smith**, M. D.  
(Address) **5600 Arsenal St. Louis, Mo**

