SEP 15 1936

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

Do not use this space.

Registration District No. 791
Primary Registration District No. 1003

File No. 32900
Registered No. 8782

1. PLACE OF DEATH
County
Township
City Saint Louis, Missouri (No. St. Anthony Hospital, St. Ward)

2. FULL NAME Robert W. Gropp.
(a) Residence, No. 2816 So. 18th, Street. St. 24 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29th, 1936.

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
0	2	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. INFANT
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) Saint Louis, Missouri.

FATHER
13. NAME Walter J. Gropp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis, Missouri.

MOTHER
15. MAIDEN NAME Evelyn Morgan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Walter J. Gropp.
(ADDRESS) 2816 South 18th Street.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus Cem DATE August 24, 1936.

19. UNDERTAKER Siegenhein Bros.
(ADDRESS) 2623 Cherokee Street.

20. FILED AUG 24 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23rd, 1936.

22. I HEREBY CERTIFY, That I attended deceased from August 12, 1936, to August 22, 1936
I last saw him alive on August 22, 1936. Death is said to have occurred on the date stated above, at 6:00A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Insolation - Heat stroke	8-21
Other contributory causes of importance: Acute bronchitis	8-12

Name of operation None 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? 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 Fell out 1st floor and 2 weeks
Nature of injury C.O.D. - offset only not injured

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. A. Schlueter, M. D.
(Address) 3218 S. Grand.

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.