

AUG - 5 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City of St. Louis

(No. **3671**)

Rutger St

File No. ....

**25757**

Registered No. ....

**6931**

St. .... Ward)

## 2. FULL NAME

William Henry Grotpeter

(a) Residence, No. **3671**

Rutger St

St. **18**

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)  
Married5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

Husband of Elizabeth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 25, 1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.**65****2****24**8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

Minister

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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)St. Louis  
Missouri

OCCUPATION

755

79

FATHER

MOTHER

13. NAME

August Henry Grotpeter

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)St. Louis Co.  
Missouri

15. MAIDEN NAME

Margaret Herrick

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)St. Louis  
Missouri17. INFORMANT  
(ADDRESS)Joz. H. Grotpeter  
3671 Rutger St.18. BURIAL, CREMATION, OR REMOVAL  
PLACE DATEin St. Peters Cen  
July 22, 193719. UNDERTAKER  
(ADDRESS)A. H. McLaughlin  
2501 Lafayette Ave

20. FILED

AUG 20 1937

J. B. Bedeic

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

July 19, 1937

22. I HEREBY CERTIFY that I attended deceased from

Sept 1, 1936, to July 19, 1937.

I last saw him alive on July 19, 1937. Death is said

to have occurred on the date stated above, at 11 a.m.

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

Myocardite  
(Coronary arteriosclerosis)  
(Angina Pectoris)  
Date of onset 7/1/37

Other contributory causes of importance:

Heart Influenza  
8/1/36

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) M. B. H. M. M. D.

(Address) 3831 Market Blvd

