JAN 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. 790 — File No. 46734

Township ~~Clayton~~ — Primary Registration District No. 60339 — Registered No. 471

City Clayton, Mo. (No. St. Louis County Hospital St. Ward)

2. FULL NAME Charles Groeschel

(a) Residence, No. 307 Manchester Rd. St., Ward. Kirkwood Mo.
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7 1908

7. AGE: YEARS 29 — MONTHS 7 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
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) Missouri

FATHER

13. NAME Charles Groeschel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Lena Felli
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs Ellen Groeschel 307 Manchester Rd Kirkwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE 12/20 1937

19. UNDERTAKER (ADDRESS) Louis H. Bopp Kirkwood, Mo.

20. FILED 12/19 1937 Dr A J Ingnarelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/17 1937

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 8:45 p.m.

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

	Date of onset
Struck by a private automobile while a pedestrian on a public highway.	12/17/37
Other contributory causes of importance: Fractured skull.	12/17/37

Name of operation None Date of —

What test confirmed diagnosis? Physical Signs 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 12/17 1937

Where did injury occur? Brentwood Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by auto.

Nature of injury Fractured skull.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John O Connell M. D.

(Address) Coroner, St. Louis Co.

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.