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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 2023
Township 11 — Primary Registration District No. 1001 — Registered No. 1
City St. Joseph (No. 4904 King Hill Ave. St. Ward)

2. FULL NAME Louise Mary Grollmunt 64.5
(a) Residence, No. 4904 King Hill Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 79 yrs. 3 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White v
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 15, 1858

7. AGE: YEARS 79 — MONTHS 3 — DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): St. Joseph, Missouri.

FATHER
13. NAME: Joseph Grollmunt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alcas France

MOTHER
15. MAIDEN NAME: Rose Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alcas France

17. INFORMANT (ADDRESS): Wm. Grollmunt Mo. 4904 King Hill Ave. St. Joseph

18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cemt.
PLACE St. Joseph, Mo. DATE Jan. 3, 1938.

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden and Son 1802 Union Str. St. Joseph, Mo.

20. FILED Jan. 3, 1938 H. J. Nestlebush Registrar. By [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feby 2, 1936, to Dec 20, 1937
I last saw her alive on Dec 20, 1937. Death is said to have occurred on the date stated above, at 4:40A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Valvular Heart Disease	2/2/36
Chr. Nephritis	2/2/36
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Other contributory causes of importance: Influenza Bronchial Pneu.	2/2/36

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify
(Signed) [illegible] M. D.
(Address) St. Joseph, Mo.

RECEIVED FEB 21 1938 BUREAU OF VITAL STATISTICS

...ery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.