

REC'D MAY 23 1938

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

Do not use this space.

15348

1. PLACE OF DEATH
 County Montgomery Registration District No. 590
 Township Centre Primary Registration District No. 378 ga
 City (No. _____ St. _____ Ward _____)

2. FULL NAME Still born infant of Fred & Ida Grotewiel GROSSE
 (a) Residence, No. _____ St. _____ Ward. 6-2-1
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 23 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) New Florence Mo
 (STATE OR COUNTRY)

FATHER
 13. NAME Fred Grosse Jr
 14. BIRTHPLACE (CITY OR TOWN) New Florence Mo
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Ida Grotewiel
 16. BIRTHPLACE (CITY OR TOWN) Rhineland Mo
 (STATE OR COUNTRY)

17. INFORMANT O.P. Rauschelbach
 (ADDRESS) Rhineland Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Home Cemetery DATE Apr 23 1938

19. UNDERTAKER Fred Grosse Jr
 (ADDRESS) New Florence Mo

20. FILED May 10 1938 Clauke Scholten
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 23 1938

22. I HEREBY CERTIFY, That I attended deceased from at Birth 1938
at Birth 1938
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Still Born
Cause unknown
 Date of onset _____

Other contributory causes of importance: none

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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? No
 If so, specify _____
 (Signed) O.P. Rauschelbach _____, M. D.
 (Address) Rhineland Mo

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.

