

REC'D JUN 7 1938
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MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

19139
 Do not use this space.

1. PLACE OF DEATH
 (a) County Perry Registration District No. 657
 (b) Township Brazeau Primary Registration District No. 5874 Registered No. 5
 (c) City _____ (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Gustav Grosze 620
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 17, May, 1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 0 5

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Frohna, Mo. 0
 (STATE OR COUNTRY) Perry, Co.

FATHER
 13. NAME Ferdinand Grosze 6
 14. BIRTHPLACE (CITY OR TOWN) Germany 6
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Amila Boehme
 16. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

17. INFORMANT John Grosze
 (ADDRESS) Frohna Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Altenburg DATE May 26 1938

19. FUNERAL DIRECTOR (NAME) Young & Sons
 (ADDRESS) Perryville, Mo.

20. FILED 5-26-1938 Adolph G. Schmidt
 Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1938
 22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1934, to May 22, 1938
 I last saw him alive on May 15, 1938 Death is said to have occurred on the date stated above, at 8:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver Date of onset _____
General Dropsy
 Other contributory causes of importance: 1st

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) Ed Palisch, M. D.
 (Address) Frohna, Mo.
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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed

Wallace Young

Licensed Embalmer No.

4027

P. O. Address

Perryville Pa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.